



Pediatric Clinic
SCHOOL FORMS

In order to comply with Colorado State Law permitting children with asthma and asthma-related symptoms to keep their inhalers in their possession at school for as-needed use, this document is provided to fulfill the requirement of **physician's permission** and **parent's permission**.

_____ has been given a prescription
(student's name)

for a(n) _____ metered dose inhaler.
(name of medication)

This medication is to be used to treat symptoms due to bronchospasm associated with reactive airways or asthma. These symptoms usually include cough, wheezing, shortness of breath, and chest tightness. These symptoms are often caused or aggravated by exercise or cold weather.

The student has been instructed in the use of the inhaler, and advised that it should be used up to every four hours as needed for the symptoms described above. The medication may also be needed 20-30 minutes before exercise if the student is prone to exercise-related symptoms.

Need for the inhaler more than every four hours suggests that the medication is failing to achieve the desired effectiveness, and should be reported to the physician. Frequent use is, nonetheless, safer than allowing symptoms to progress.

B. Paul Choate, M.D. (date)

I understand the recommendation to allow my child to carry his/her inhaler with him/her at school. I concur with this recommendation and give my permission. My child will maintain a record of inhaler use, and I will monitor this record and report unusual use to the doctor.

(parent) (date)