

SEVERE ASTHMA WAIVER FOR NO Medications at school

We, the parents/guardians of _____, have
(Child's name and grade)

discussed the following with the school nurse/health aide:

- Asthma can be a life-threatening issue.
- Meter Dose Inhalers (MDI)/nebulizer, or the medication albuterol may resolve the issue if kept at school or student self-carries (forms required)

We understand the severity of asthma and that there is potential my child may not survive without immediate action. By signing this document we are stating that we do **NOT** want inhalers or medication kept at school. In an emergency, 911 will be contacted. There is also the possibility of a life-threatening situation. We are releasing liability of the school and its affiliates. We understand that this form requires the signature of both parents/guardians.

(parent/guardian signature #1)

(Date)

(parent/guardian signature #2)

(Date)

(school nurse signature)

(Date)

(Health Aide Signature)