



Extra Curricular Permission Form For Students With Asthma

School Year _____

Student Name _____

Emergency Parent Phone _____

Dear Parents,

If you indicated on the school emergency form that your child has a severe allergy or asthma, please indicate your preference for treatment during this activity. **You must return this signed form before your child can participate in any after-school physical activity.**

_____ My child **does not** have asthma.

_____ My child does not require medication after school or during this extra-curricular activity for the treatment of his/her asthma.

_____ My child requires the use of an inhaler for asthma during the extra-curricular activity. He/she will carry and administer his/her own medication. I have completed or am including an inhaler carry and/or self-administration form signed by myself and my child's physician. **Please note: If your child does not have his/her medication with him/her, he/she will not be allowed to participate.**

_____ My child requires the use of an inhaler for asthma during the extra-curricular activity. I give my permission for the school nurse to provide the inhaler stored in the Health Office to my child prior to the activity. My child will transport and staff will administer. **I also recognize that I am responsible for returning the inhaler to the Health Office the following day for use during school hours.**

It is helpful if the parent provides a second inhaler to be kept in the nurse's office

Please note: Students who self-carry or transport medication must hand it to the coach/staff member prior to the start of the activity. The coach/staff member will place it in the emergency bag for ease of access should an emergency occur. At the end of the activity, the student must retrieve the medication from the coach.

Parent Signature

Date

Student Signature

Date