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WALLENPAUPACK AREA SCHOOL DISTRICT

Michael R. Silsby
Superintendent

Keith Gunuskey
Assistant Superintendent

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Business Administrator

Jennie Hildebrand
Board Secretary

PARENT/GUARDIAN NOTICE

Medication Consent – Inhaler

Date: _____

My child, _____, has been instructed in the proper use of the _____ inhaler. He/She also understands the purpose and appropriate method and frequency of use of the inhaler.

The school requests that the physician and the parent sign and return this document to the health office as soon as possible. A separate prescription from the doctor is also necessary.

We, _____ (physician) and _____ (parent), request that _____ (student) be permitted to carry his/her inhaler in his/her possession or to keep same in his/her locker or gym locker.

Physician Signature: _____

Parent Signature: _____