

I. T. Montgomery Elementary School
Wellness Committee
202 Martin Luther King, Jr. Road
Mound Bayou, MS 38762-0901
Telephone (662) 741-2433
Fax # (662) 741-2578

To Parents/Guardians of Children with Asthma:

The Mississippi Legislature has passed an act in 2003 that permits students to carry and self-administer asthma medications. This means that a student can keep their inhalers at school and use them as needed provided the following conditions have been met:

1. The parent must provide written consent for the child to give their own asthma medications AND
2. A written statement from the student's doctor, physician assistant, or nurse practitioner indicating the following:
 - The student has asthma
 - Has received instructions in self-administration of asthma medications
 - The name, prescribed dosage, route to administer, and purpose of the medication
 - Time(s) medication is to be regularly administered and any additional special circumstances of when student is to receive the medication
3. Student must also sign a Student Agreement form containing guidelines/safeguards for carrying and self-administering Inhaler medication, when applicable.

Please Note: The Mound Bayou School District, its employees and agents will not be held liable for any injury sustained by the student that has self-administered asthma medications.

I acknowledge receipt of the terms and condition of the circumstances in the above information. I agree to hold the school, its employees and agents harmless for claims and release them from liability for any injury sustained by student as a result of self-administering asthma medication.

I give permission for my child/student to **carry and self-administer** his/her asthma medication.

I give permission for my child to **carry** his/her asthma medication **ONLY**, but request that a designated person **assist them with administering** it when needed.

I request that my child/student **not be allowed to carry** his/her asthma medication. **I understand that it is MY RESPONSIBILITY to ensure that he/she DOES NOT BRING it to school with him/her. I give permission for this information to be shared with his/her teachers.**

Signature of Parent/Guardian

Name of Student

Date: _____

Revised 09/09/2010
D. Moore, RN