



2552 Route 6  
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## WALLENPAUPACK AREA SCHOOL DISTRICT

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**Michael R. Silsby**  
Superintendent

**Keith Gunuskey**  
Assistant Superintendent

**Kerriann Horan**  
Business Administrator

**Lindsey Shaheen**  
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: \_\_\_\_\_