



**LEVITTOWN PUBLIC SCHOOLS**  
**Levittown Memorial Education Center**  
**150 Abbey Lane**  
**Levittown, New York 11756**



Ms. Michele Ortiz, **Curriculum Associate**  
Office of Assessments, Data, ENL  
516-434-7055  
Central Registration  
516-434-7058

Dear Parent or Guardian,

Recently, the Education Law Section 916 has been amended to allow pupils, who have been diagnosed by a physician with a severe asthmatic condition, to carry and use a personal inhaler during the school day.

If you wish to take advantage of this provision, the permission form at the bottom of this letter must be filled out, **signed by your physician** and filed with the school nurse.

Thank you.

Sincerely,

Ms. Michele Ortiz

As a parent or guardian of \_\_\_\_\_, I hereby give my permission for my son or daughter to carry and use a prescribed inhaler for his or her asthmatic condition. I have instructed him or her that this inhaler is for personal use and cannot be shared with others. I have also instructed my son or daughter that after such use, they will inform the school nurse.

\_\_\_\_\_  
Name of Medication

\_\_\_\_\_  
Parental Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician Stamp