



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



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Dear Parent/Guardian

Due to the increased number of asthmatics in our schools, each Health office now has a nebulizer. If your child uses a nebulizer at home, he/she can now have a treatment in school if the need should arise.

The following criteria must be met in order to use the nebulizer:

- 1) Written permission from the parent/guardian.
- 2) Written directions from the Physician
- 3) Parent must supply the medication, clearly labeled, and tubing for the nebulizer for their child. It will be kept in the Health Office in the locked medicine cabinet.

Thank you for your cooperation.

Ms. Michele Ortiz

PARENT PERMISSION FOR USE OF NEBULIZER

I hereby give permission for the administration of _____, via the school's
(name of Medication)
nebulizer, to my child. This treatment has been prescribed by my physician.

DATE

PARENT/GUARDIAN SIGNATURE

PHYSICIANS INSTRUCTIONS FOR NEBULIZER TREATMENT

Student's Name _____ Diagnosis _____

Name of Medication _____ Dosage _____

Time of Administration _____

Physician's Signature _____ Date _____

Physician's Stamp