



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



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Ms. Michele Ortiz, **Director of World Language and ENL**  
Health Services  
516-434-7056

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

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**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

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**PHYSICIANS INSTRUCTIONS FOR NEBULIZER TREATMENT**

Student's Name \_\_\_\_\_ Diagnosis \_\_\_\_\_

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

Time of Administration \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Stamp