

Parent Instructions for Student to Resume Activities after Receiving Inhaled Medication(s)

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

- Please note that a School Nurse may not always be on site.
- According to Oklahoma State Law, non-nurse employees of Broken Arrow Public Schools can not be responsible for assessment or determination of the student's condition prior to or after administration of a medication.

**If a school nurse is not on site and a designated parent/guardian can't be reached after my child has received inhaled medication(s) please initiate one of the following:**

\_\_\_\_ My child is capable of deciding if he/she is able to resume school activities.

\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: If at any time an employee of Broken Arrow Public Schools believes that there is an emergency situation, 911 will be called.

I am the parent/guardian of the above named child. I have adequately instructed my child and/or Broken Arrow School employees regarding my child's inhaled medication(s).

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Broken Arrow Public Schools is an equal opportunity educational institution.