

HOLDINGFORD PUBLIC SCHOOLS – ISD #738 P.O. Box 250, Holdingford, MN. 56340

Chris Swenson Superintendent 320-746-2196 Angela Safran Secondary Principal 320-746-4309 Jim Stang Elementary Principal 320-746-4461 Garrity Gerber Business Manager 320-746-4306

AUTHORIZATION FOR ADMINISTRATION OF INHALER

STUDENT		DATE OF BIRTH
MEDICATI	ON NAME & DOSAGE	
AMOUNT	OF MEDICATION TO BE TAKEN	
TIME(S) To	O BE TAKEN DURING SCHOOL HOURS	
ASTHMA S	SYMPTOM TRIGGERS	
PRECAUTI	ONS, IF ANY	
	option is that it ensures the medication will The severity of the student's symptoms is al	
	Parent Signature	Date
	OPTION #2 Qualified students will be allowed to carry t	heir inhalers. The advantage of this option is that the inhaler is immediately parent, may be kept in the nurse's office should the student forget their
	CONTRACT BETWEEN THE STUDENT, PAREN	IT, & SCHOOL NURSE FOR PERMISSION TO CARRY AN INHALER
1. 2. 3.	Student agrees never to share their inhaler	d school nurse the correct use of their inhaler. with another person. not marked improvement in their condition, they will see the school nurse
	Student Signature	Date
I also u		cribed above. I understand that he/she must follow the rules listed above. effect for one school year, and that if there are any changes in his/her urse.
	Parent Signature	Date

Holdingford Schools will offer a curriculum that is relevant, up to date, and aligned with state standards.

We will offer a wide variety of electives and support students at all grade levels.

We will be fiscally responsible and maintain a strong culture of open communication.

Priorities