



# BEECHER COMMUNITY UNIT SCHOOL DISTRICT 200U

538 MILLER STREET, BEECHER, IL 60401  
P: (708) 946-2266 | F: (708) 946-3404

**HOME OF THE BOBCATS**



\_\_\_\_\_ Elementary School (708) 946-2202 \_\_\_\_\_ Junior High (708) 946-3412 \_\_\_\_\_ High School (708) 946-2266

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

## DISTRICT INHALER FORM

Dear Parent(s)/Guardian(s),

According to your child’s health records, he/she has a history of asthma and/or a rescue inhaler ordered by his/her physician. Please be aware of the following:

- As of the date above, you have not provided an inhaler for the school. Therefore, if your child has asthma related symptoms and/or respiratory difficulties, emergency medical services (911) may be called.
- If your child has an inhaler and is now a self-carry, please complete a medication authorization form as directed and return to the Main Office of his/her school.
- Please remember that it is your responsibility as the parent/guardian of the above-mentioned child to update the school office with any new medical concerns or changes to his/her health.
- By signing below, you are acknowledging receipt of this information and releasing District 200U from any and all liability concerning your child’s attendance at school without the physician-ordered inhaler.

Please ensure that your child has an inhaler while at school or school related activities. This form must be on file with the Main Office of your student’s school in order for his/her medical file to be considered complete.

If you have any questions, please contact Mrs. Angie Cadwallader, District Nurse, at [acadwallader@beecher200u.org](mailto:acadwallader@beecher200u.org) or (708) 946-2202 x1105.

Sincerely,

Beecher Community Unit School District 200U

To Be Completed By Parent(s)/Guardian(s):

Parent/Guardian Name(s): \_\_\_\_\_

Relationship(s) to Student Above: \_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_