

**Northern Valley Regional High School at Demarest  
Health Office**

Date: \_\_\_\_\_

Dear Parent/Guardian:

It has been noted that your child \_\_\_\_\_ has asthma. If he/she is to be allowed to carry and self administer an inhaler, you will need to fill out the enclosed permission slip. Also, enclosed is an Asthma Action Plan for you and your child's health care provider to fill out and return. Both forms must be signed by you and your doctor. An extra inhaler should also be kept in the Health Office for emergencies as a spare.

Please have the enclosed slips filled out in their entirety and returned to me as soon as possible. If you have any questions regarding this request, please do not hesitate to contact me at 768-3200, ext. 13360 or email at [Mogelesky@nvnet.org](mailto:Mogelesky@nvnet.org)

Sincerely,

Debra Mogelesky, RN,MS  
School Nurse

