



WINSLOW TOWNSHIP MIDDLE SCHOOL

30 Coopers Folly Road Atco, New Jersey 08004-2620
Phone: (856) 767-7222 Fax: (856) 767-5411

ASTHMA MEDICATION DENIAL FORM

Students Name: _____

Although my child has a history of asthma or has used an asthma inhaler previously, he/she does not require asthma related medications during school hours, events or athletics. (If this situation changes, I will contact the school nurse for appropriate forms. I understand that my child may not legally carry his/her medication (including inhaler) without the proper documentation).

Parent/Guardian Signature: _____ Date: _____