

**POMONA UNIFIED SCHOOL DISTRICT  
HEALTH SERVICES & PROGRAMS  
INHALER ADMINISTRATION NOTIFICATION**

Dear Parent:

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

Today \_\_\_\_\_ used his/her asthma inhaler at \_\_\_\_\_ a.m./p.m.  
Student Name Time

Please call \_\_\_\_\_ for any questions.

\_\_\_\_\_  
School Nurse/Heath Assistant/Office Staff

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SECTION 3