

INHALER RELEASE FORM

Date: _____

Student's Name: _____ has been instructed in the proper use of the following medication procedures: _____

We, (Physician's signature) _____

And (Parent or Guardian's _____

Request that (Student's Name) _____ be permitted to carry the medication on his/her person or to keep same in his/her locker of P.E. locker as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use. We, the above signed, absolve the school of any responsibility in safeguarding the student's inhaler.

NOTE: This form must be completed in addition to routine district medication form for those students who request permission to carry their own medication on campus or keep this medication in a P.E. Locker. The Medication must be brought to school in the original container appropriately labeled by the pharmacy or physician, stating the name, dose and times medication is to be administered. It is strongly advised that each student leave an extra inhaler in the nurse's office in the event of a misplaced inhaler.