

# RELEASE TO CARRY INHALER

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of medication: \_\_\_\_\_

## ***TO BE COMPLETED BY PHYSICIAN:***

The above-named student has been instructed in the proper use of their asthma inhaler. I request that he/she be permitted to carry the asthma inhaler at school or at school sponsored activities, as I consider him/her responsible. He/She understands the purpose, appropriate method, and frequency of use of the asthma inhaler.

**\*PHYSICIAN MUST PROVIDE A COMPLETED ASTHMA ACTION PLAN. MUST BE UPDATED ANNUALLY**

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Physician (Printed Name)

\_\_\_\_\_  
Date

## ***TO BE COMPLETED BY PARENT/GUARDIAN:***

The above-named student has my permission to carry and administer the above-listed medication as ordered by his/her physician. I understand that it is my responsibility to furnish this medication. I absolve the school of any responsibility in safeguarding our child's inhaler. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

I also acknowledge the need and give permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment in question.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Parent/Legal Guardian (Printed Name)

\_\_\_\_\_  
Date

## ***TO BE COMPLETED BY STUDENT:***

I have been instructed in the proper use of my medication and will take it as prescribed to me by my physician.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

## ***TO BE COMPLETED BY SCHOOL NURSE:***

Student demonstrates knowledge/skill to carry and use the above-named asthma inhaler.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nurse/Designee Initial

\_\_\_\_\_  
School Nurse Signature