School Year 2019-20

PERMISSION TO CARRY INHALER ON PERSON AT SCHOOL, AND BUS

I request that my child (name) _____________________________, grade__________, be allowed to carry his/her own inhaler and self-administer as needed.

______________________________________________________
(Parent/Guardian Signature)

I advise that ______________________________ be allowed to carry and use his/her inhaler necessary during the school day. ______________________________has been instructed in its proper use and any possible side effects.

Name of Medication __________________________________________

Purpose of Giving Medication __________________________________

Amount to be given at School _____________________________________

Time of Day to be Administered ___________________________________

Starting Date ___________________________________________________

Any Side Effects ________________________________________________

______________________________________________________________
(Physician Signature)

In order for a student to have access to an inhaler at all times, it is required that one nearly empty inhaler be kept in the school medicine cabinet as a back-up to the one carried by the student. It will be used if the student should come to school without an inhaler, or if the one carried malfunctions or is depleted during the school day.

This permission will be reevaluated anytime there are major changes in the child’s condition or treatment plan or anytime the child misuses the medication or show lack of responsibility in handling the medication.

Student _____________________________ Principal _____________________________

Parent _____________________________ Nurse _____________________________

Date _____________________________

Revised 4/2019