

PERMISSION TO CARRY INHALER ON PERSON AT SCHOOL/ON BUS

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

(Physician's Signature) M.D. _____
(Date)

I request that my child (name) _____ grade _____, Teacher (for ES students) _____ be allowed to carry his/her own inhaler and self-administer as needed.

I acknowledge that the Valley Park School District shall incur no liability as a result of any injury arising from the self-administration by the student, and that the parents/guardians shall indemnify and hold harmless the School District and its employees or agents against any claims arising out of the student's self-administration of medication.

(Parent or Guardian's Signature) _____
(Date)

Name of Medication: _____

Purpose of Giving Medication: _____

Amount to be Given at School: _____

Time of Day to be Administered: _____

Starting Date: _____

Any Side Effects: _____

SIGNATURE(S)

Student: _____ Principal: _____

Parent: _____ Nurse: _____

In order for a student to have access to an inhaler at all times, it is required that an additional inhaler be kept in the nurse's office 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 by the student malfunctions or is depleted during the school day.