



Permission to Carry Inhaler

Permission for any student to carry a Metered Dose Inhaler on their person will be granted if the following criteria are met:

1. Completed Physician's Medication Statement Form.
2. Completed Parent Permission Form for the administration of prescription medication.
3. Student must be in Grades 6-12.
4. Student agrees to never share the inhaler with another person.
5. Student agrees that after two puffs, if there is not marked improvement, he/she will go to see the school nurse or receptionist **immediately**.

Student Signature: _____

I give permission for my child _____ to carry the inhaler described below. I understand that he/she must follow the rules listed above. I will notify the school nurse of any changes in medication or my child's condition.

Name of Medication: _____

Dose: _____ Frequency of Use: _____

Parent signature: _____ Date: _____

Please note that any student in grades 6-12 may keep their inhaler at the Receptionist desk and go to the Receptionist to use their inhaler. Carrying the inhaler is only an option if the parent and physician so advise. If there is any concern with the student carrying and using the inhaler appropriately the nurse will contact the parents and this agreement will be reviewed.