

Date: _____

School: _____

_____ has my permission
(*student name*)

to self-administer _____ inhaler _____ puffs
(*name of medicine*)

when needed for difficulty in breathing every _____ hours or before P.E. class
at school when the school nurse is not present.

I take full responsibility for my son's/daughter's self-administration of the inhaler and do not hold the School Board, administrators, school nurse or any District 142 employee responsible for medical difficulties resulting from the self administered inhaler.

Please check one of the following:

- My child, _____, will keep his/her inhaler in the nurse's office.
- My child, _____, will carry his/her inhaler. My child understands that he/she needs to report to the nurse's office after using his/her inhaler.

Parent/Guardian Signature: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Date: _____

Revised 3/2007