

SCHOOL HEALTH SERVICES

Student Possession of INHALERS or EMERGENCY MEDICATIONS Parental Permission Form

All medicine must be in original container labeled with:

- 1. Name of child
- 2. Amount of medication to be taken
- 3. Time medication is to be taken

INHALER OR EMERGENCY PRESCRIPTION MEDICATION			
Student Name:		Age:	Grade:
Medication:	Dosag	e: ·	Time:
Reason for Medication:			
Side Effects:			
Prescribed by Physician/Dentist Name:			
Phone:			
List all other medication your child is currently taking:			
In accordance with Pennsylvania State Law, I hereby agree to allow my child to carry his/her asthma inhaler/emergency medication. I acknowledge that the Hampton Township School District and its staff bear no responsibility for ensuring that the medication is taken. Hampton Township School District reserves the right to rescind this agreement if it is found that the student is unable to demonstrate a responsible behavior in carrying the medication.			
Parent/Guardian Signature	/_	ate	-
Home Phone: () Work Phon	e: ()	·	
I agree to show responsible behavior with my medication by: using it only as directed by my doctor not sharing it with others notifying the nurse immediately following each use	-		
Student Signature	/_	Date	

Note: A written statement must be provided from the health care provider that lists the name of the drug, dosage, times when the medication is to be taken, and the reason the medication is to be taken.

For students in grades K-8, the health care provider must indicate via written statement that the student is capable of self-administering the medication.