



Parent/Student Agreement to Carry Inhaler(s) School District 28

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

Name of Medication	Dose	Frequency of Use
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____

Date _____

I, _____ student at School District 28 agree to the following:

1. I have demonstrated the correct use of inhaler to the health care provider and school health personnel or parent.
2. I agree to never share the inhaler with another person.
3. I agree that if there is not marked improvement after two puffs, I will notify the teacher or health office.

Student Signature _____

Date _____

State law requires that we inform the parents or guardians of the student, in writing, that the school district and its employees are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student.