



**WAYNE COUNTY SCHOOL DISTRICT**  
**RELEASE TO CARRY FORM**  
**FOR ASTHMA INHALER, ANAPHYLAXIS**  
**MEDICATION, AND/OR INSULIN SUPPLIES**



School \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_, has been instructed in the proper use of  
**Student Name**

\_\_\_\_\_ medication(s).  
**Name of Medication**

Diagnosis #1 \_\_\_\_\_

Name of Medication #1 \_\_\_\_\_

Dosage \_\_\_\_\_

Diagnosis #2 \_\_\_\_\_

Name of Medication #1 \_\_\_\_\_

Dosage \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_, request that  
**Physician** **Parent/Guardian**

**Student Full Name**

be permitted to carry the asthma inhaler, anaphylaxis medication(s), and/or insulin supplies on his/her person, or to keep the asthma inhaler, anaphylaxis medication(s), and/or insulin supplies in his/her classroom or locker. He/she has been instructed in and understands the purpose, appropriate method, and frequency of use of his/her medication(s) as well as the proper method of disposal.

We, the undersigned physician and parent/guardian, absolve the school district and its employees, agents and officers of any responsibility in safeguarding our child's asthma inhaler, anaphylaxis medication(s), and/or insulin supplies.

We understand that the school district and its employees and agents will not be held liable for any injury sustained by the student that has self-administered emergency medications(s) according to the above stated instructions.

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Principal Signature**

\_\_\_\_\_  
**School Nurse Signature**