



"A Culture of High Expectations and Excellence!"

School Year 2024-25

PERMISSION TO CARRY INHALER ON PERSON AT SCHOOL AND BUS

I request that my child (name) _____, grade _____, be allowed to carry his/her own inhaler and self-administer as needed.

(Parent/Guardian Signature)

I advise that _____ be allowed to carry and use his//her inhaler necessary during the school day. _____ has been instructed in its proper use and any possible side effects.

Name of Medication _____

Purpose of Giving Medication _____

Amount to be given at School _____

Time of Day to be Administered _____

Starting Date _____

Any Side Effects _____

(Physician Signature)

For a student to have access to an inhaler at all times, it is required that one nearly empty inhaler be kept in the school medicine cabinet as a back-up to the one carried by the student. It will be used if the student should come to school without an inhaler or if the one carried malfunctions or is depleted during the school day.

This permission will be reevaluated anytime there are major changes in the child's condition or treatment plan or anytime the child misuses the medication or shows a lack of responsibility in handling the medication.

Student _____ Principal _____

Parent _____ Nurse _____

Date _____