

School Year 2022-23

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. | |
| use and any possible side effects. | |
| Name of Medication | |
| | |
| | |
| Time of Day to be Administered | |
| Starting Date | |
| Any Side Effects | |
| | |

(Physician Signature)

In order for a student to have access to an inhaler at all times, it is <u>required</u> 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 show lack of responsibility in handling the medication.

| Student | Principal |
|---------|-----------|
| Parent | _Nurse |
| Date | |