



School Year 2025-26

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 \_\_\_\_\_