MILWAUKEE PUBLIC SCHOOLS

Release Form for Inhaler Self Carry

Date: _____

Student's Name:	ID#:	Date of Birth:
_____	_____	_____
School:		Grade:
_____		_____

The following student has been instructed in the proper use of the following prescribed inhaler:

_____

(Name of Inhaler)

We request that the student named above be permitted to carry the inhaler on his/her person or to keep the inhaler in his/her classroom, as we consider him/her reliable to accept such responsibility.

The student has been instructed and understands the purpose, appropriate method, and frequency of use of the inhaler. The student has an Asthma Action Plan for home and school approved by his/her healthcare provider.

We, the undersigned healthcare provider and parent/legal guardian absolve the Milwaukee Public Schools District and its employees, agents, and officers of any responsibility in safeguarding the student's inhaler.

Healthcare Provider Name	Healthcare Provider Signature
Parent/Guardian Name	Parent/Guardian Signature
Nurse Name	Nurse Signature
Principal Name	Principal Signature