Hazelwood School District

"A Culture of High Expectations and Excellence!"

School Year 2026-27

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 as 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, a nearly empty, unexpired inhaler must be kept in the school medicine cabinet as a backup to the one the student carries. It will be used if the student comes to school without an inhaler, or if the one carried malfunctions or is depleted during the school day.

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

Student _____ Principal _____

Parent _____ Nurse _____

Date _____