



HEALTH SERVICES

PERMISSION TO CARRY INHALER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT'S NAME

\_\_\_\_\_  
M/F

\_\_\_\_\_  
BIRTH DATE

\_\_\_\_\_  
SCHOOL

\_\_\_\_\_  
GRADE

The above named student has been instructed in the proper use of \_\_\_\_\_ inhaler.

We, \_\_\_\_\_ (Physician) and \_\_\_\_\_ (Parent),

request that the above named student be permitted to carry the inhaler on his/her person or to keep same in

his/her backpack or P.E. locker, as we consider him/her responsible. He/she has been instructed in and

understands the purpose and appropriate method and frequency of use of his/her inhaler.

We, the undersigned, absolve the school of any responsibility in safeguarding our child's inhaler.

\_\_\_\_\_  
Physician

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Principal