Inhaler Self-Administration

Student	
School	
Grade	
To be completed by a physician/practition	ner:
expiresinhaler is carried on his/her person; therefor inhaler. He/she understands the purpose, apmedication.	has been instructed in the proper use of ed is My My The prescription for the inhaler This student's well being is in jeopardy unless the re, we request that he/she be permitted to carry the oppropriate method, and frequency of the use of this
Physician/Practitioner: Please	e Print or Stamp
Address:	
Phone #	_
Signature:	Date:
To Be Completed by Parent/Guardian:	
understand that my child, not the school, is	nhaler as ordered by his/her physician/practitioner. I responsible for the storage, possession, and use of the on with other students will result in disciplinary
Parent/Guardian Signature:	Date:
To Be Completed by the Student:	
that I, not the school, is responsible for the s	od, and frequency of use of this inhaler. I understand storage, possession, and use of the inhaler. I ner students is potentially dangerous and will result in
Student Signature:	Date:

This form must be completed in addition to the routine medication authorization form.

C: school2/inhaler