



KENNEDY CATHOLIC HIGH SCHOOL



SELF-MEDICATION RELEASE FORM FOR INHALER

Date: _____

Child's Name: _____
has been instructed in the proper use of the inhaler.

We (Physician's signature) _____

and (Parent or Guardian's signature) _____

request that (Child's name) _____ be permitted to carry the inhaler on his/her person or to keep same in his/her 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.

Note: This form must be completed IN ADDITION to the routine district medication form for those students who request permission to carry their own inhaler on campus or keep this inhaler in a P.E. locker