



**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**