RELEASE TO CARRY INHALER

Date ________________________________

__________________________________________________________ has been instructed on the proper use of the 
(Child’s Name)

__________________________________________________________ inhaler. We, ________________________________
(Physician)

and ________________________________, request that ________________________________
(Parent or Guardian) (Child’s Name)

be permitted to carry the inhaler on his/her person or to keep same in his/her locker 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. I acknowledge that the school incurs no liability for any injury resulting 
from the self-administration of medication and agree to indemnify and hold the school, and its employees and 
agents, harmless against any claims relating to the self-administration of such medication.

______________________________ ____________________________
Physician’s Signature Date

Physician must provide a completed Asthma Action Plan. Must be updated annually.

______________________________ ____________________________
Parent or Guardian’s Signature Date

Student: I agree to follow the above requirements and follow the physician’s directions on usage.

______________________________ ____________________________
Student’s Signature Date

Student demonstrated how to use inhaler: Date:__________ Nurse or Designee initial:__________

______________________________ ____________________________
School Nurse’s Signature Date

HF-018
1/2017