

ADDISON-RUTLAND SUPERVISORY UNION

FAIR HAVEN, VERMONT 05743-1094

Phone (802) 265-4905 Fax (802) 265-2158

AUTHORIZATION FOR STUDENT TO CARRY PERScription INHALER

_____ needs to carry the following _____
inhaler with him/her. The above named student has been instructed in the proper use of such and fully understands how to administer this medication. A second inhaler must be kept in the nurse's office in case the first is lost or left at home.

_____ Medication _____ Dosage and Directions

****Note to Physician – Please include Asthma Action Plan for above named student****

_____ Physician's Signature _____ Date

I have been instructed in the proper use of my prescription _____ inhaler and I know how to administer this medication. I will not allow another student to use my inhaler under any circumstances. I also understand that should another student use my prescription inhaler, the privilege of carrying my inhaler will be revoked. I also accept the responsibility for notifying the school nurse if I should use my inhaler in case I have difficulty with my Asthma Treatment Plan.

_____ Student's Signature _____ Date

I hereby request that the above named student, over whom I have legal control, be allowed to carry and use the prescription labeled inhaler described above at _____ School. I, the parent/guardian accept the legal responsibility should the above named inhaler be lost, given to, or taken by, a person other than the above named student.

I hereby release the school and its employees and agents, including volunteers, from liability as a result of any injury arising from the student's self-administration of the emergency medication, except when the conduct of the school, school employee, or agent would constitute gross negligence, recklessness, or intentional misconduct.

_____ Parent/ Guardian Signature _____ Date