

**HARRISVILLE CENTRAL SCHOOL
14371 PIRATE LANE
HARRISVILLE, NY 13648**

INHALER SELF-MEDICATION RELEASE FORM

Date _____

Child's Name _____

Has been instructed in and understands the purpose, appropriate method and frequency of use for the following inhaler:

We, (Physician's Signature) _____

And (Parent or Guardian) _____

Request that he/she be permitted to carry the inhaler on his/her person and to keep same in his/her locker or P.E. locker, as we consider him/her responsible.

NOTE: This form must be completed ***in addition to*** the PERMISSION FOR PRESCRIPTION MEDICATION IN SCHOOL form on the reverse side.

**HARRISVILLE CENTRAL SCHOOL
2009-2010**

PERMISSION FOR PRESCRIPTION MEDICATION IN SCHOOL

It is necessary for the school nurse to receive a written order from a medical practitioner if a child is to be given a prescription medication during the school day.

If your physician has advised you, or if you feel your physician wants this medication to be administered to your child during school hours, please have this form completed and returned to the health office, with the medication. The medication should be accompanied by a parent and be in a prescription labeled container.

Students Name _____ Date of Birth _____

Diagnosis _____

PLEASE give:

Prescribed Medication _____

Dosage _____

Time(s) Medication Must Be Given _____

Duration _____

Adverse Reaction(s) _____

Date _____ Physician's Signature _____

I, the undersigned, hereby give permission for the school nurse to give my child the medication prescribed above.

Date _____ Parent's Signature _____

INHALER SELF-MEDICATION RELEASE

If the above medication is an inhaler and the child named is in grades 6-12 and has been instructed on the inhaler's proper use, your signature below gives him/her permission to carry the inhaler on his/her person, or to keep it in his/her locker to use as needed.

Date _____ Parent's Signature _____