

Permission for Self-Administration of Inhaler

Students in MSAD 22 may require use of an inhaler during on and off campus school activities. In order to carry their inhaler, students must demonstrate knowledge of safe use of this medication to physician and school nurse and have written permission of parent, physician, and school nurse.

Student Name: _____ D.O.B: _____

School: _____ Grade/Teacher: _____

Name of Inhaler: _____

Reason for Inhaler: _____

Amount/Dose: _____

Time to be administered: _____

Signature of Parent/Guardian: _____ Date: _____

Physician Name (printed): _____

Physician: _____ Date: _____

Signature

Approved by School Nurse : _____ Date: _____