PARENT AUTHORIZATION FOR SELF MEDICATION WITH AN INHALER AND FOR INHALER TO REMAIN WITH CHILD

MUST BE READ AND COMPLETED BY PARENT/GUARDIAN AND STUDENT

My child_____has been instructed in the proper use of
child's name

_____inhaler. We request that our child be permitted to carry
name of medication

the prescribed inhaler on his/her person or keep in his/her desk or book bag(**in a small pouch**), as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use of this inhaler. He/she also understands this inhaler is not to be shared or used by others. I also understand that if my child has his/her inhaler on his/her person he/she will not be monitored when using the inhaler nor will a record be kept of its usage.

I authorize school personnel to allow the use of the above medication to the above named child as ordered by our health care provider. I also authorize the school nurse to consult with the health care provider about my child's medication needs. I understand that I am responsible for seeing that the above named inhaler will have a **pharmacy attached label** on the actual inhaler before my child brings it to school.

I understand that the student is responsible for the proper maintenance and use of the inhaler. I understand that if the student is found to have shared his/her medication with other students, or otherwise abused the medication or device, the student will not be permitted to carry his/her inhaler at school and disciplinary action may also occur. I understand, and have informed the student, that (s)he must immediately notify the school bus driver, school principal, nurse or teacher if his/her inhaler is lost or taken from him/her by another person.

In consideration for the request authorized by this form, I/we, for myself/ourselves, and my/our heirs, executors, administrators and assigns, do hereby waive, release and forever discharge and agree to indemnify and defend the School and Diocese of Toledo, their members, officers, administrators, employees, servants and agents from and against all claims, demands or causes of action by any person or entitles, for loss, cost, injury or damage whatsoever arising from or claimed to arise from or in any way connected with the administration of authorized medical services, stated by this release, to the student named above.

As Parents/Guardians of the child named above I/We acknowledge that I/We have read and understand the above statements. As the student named above, I have read and understand the above information and the responsibility I assume in keeping the above named medication on my person.

Parent/Guardian signature and date:_____

Student signature and date:_____

(over)