

## Permission for Self-Administration of Inhaler

Students at Veazie Community School 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: \_\_\_\_\_

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Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (printed): \_\_\_\_\_

Physician: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

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Approved by School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_