



CLAREMORE PUBLIC SCHOOLS

AUTHORIZATION TO CARRY INHALER

SCHOOL YEAR 2022-2023

_____ (CHILD'S NAME) has been diagnosed with asthma and has been prescribed a metered dose inhaler. The student is capable of and has been instructed in the proper method of self administration of an inhaler.

* _____ (Physician Signature)

I, _____ (parent or guardian) authorize my child,

_____ (child's name), to self-administer a meter or powder dose inhaler. I also acknowledge that the school district shall incur no liability as a result of any injury arising from the self-administration of medication by the students. I agree to provide a second container of medication to be kept in the office for emergency use.

* _____ (Parent's signature)

THIS FORM MUST BE RENEWED AT THE BEGINNING OF EACH YEAR.