
KLEIN INDEPENDENT SCHOOL DISTRICT

PERMISSION TO CARRY AN ASTHMA INHALER

Student's Name: _____ Birthdate: _____

The above named student has asthma and is capable of self administering the prescription asthma medication as described below:

Name of Medication: _____

Purpose of Medication: _____

Dosage: _____

Times and Circumstances under which medication may be administered:

Period of time for which medication is prescribed: _____

Physician's Signature

Date

I authorize my child to self administer his/her prescription asthma inhaler as per doctor's orders while on school property or at a school-related event or activity. I understand that my child is responsible for the proper handling and carrying of the inhaler and that it must be kept out of the reach of other students at all times. The inhaler must have a current prescription label indicating that it has been prescribed for my child.

Parent Signature

Date