MEDICATION CONSENT FORM 2
Parental Permission to Self-Administer/Carry Inhaler
• Must Accompany Medical Consent Form 1 from Physician •

Date: ______________________   School:____________________________

_________________________________________________has my permission

(stUDENT NAME)

to self-administer ________________________________ inhaler _________ puffs

(name of medicine)

when needed for difficulty in breathing every _____________ hours or before P.E. class

at school when the school nurse is not present.

I take full responsibility for my son’s/daughter’s self-administration of the inhaler and do not hold the School
Board, administrators, school nurse or any District 142 employee responsible for medical difficulties resulting
from the self administered inhaler.

Please check one of the following:

☐ My child, _______________________________, will keep his/her inhaler in the nurse’s office.

☐ My child, _______________________________, will carry his/her inhaler. My child understands

that he/she needs to report to the nurse’s office after using his/her inhaler.

Parent/Guardian Signature: ____________________________________________

Home phone: ____________________________________________

Work phone: ____________________________________________

Cell phone: ____________________________________________

Date: ____________________________________________

Revised 3/2007