

Request for Use of Asthma Inhaler

All inhalers must be brought to school in their original box containing the prescription label, which must contain the name of the medication, the prescribed dosage, and the time at which or circumstances under which the medication is to be administered.

When this request is received by the school, it will remain on file and in effect for the remainder of the school year unless specifically limited by the physician. This form is to be returned to the health clerk in the Health Office or faxed to the health clerk at the appropriate school:

WPS Fax - (708) 562-1547 WIS Fax - (708) 562-0299 WMS Fax - (708) 450-2752

Student's Name _____

Address _____ Date of Birth _____

_____ Emergency Phone _____

School _____ Grade _____

Part I – Parent’s Request/Approval

I hereby request School District 92½ school personnel to allow my *daughter/son* _____, to self-administer their asthma medication according to the prescription label. I waive any claims against the School District members of the Board of Education, its employees and agents arising out of the self-administration of above medication and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action of injuries, costs, and expenses, including attorneys’ fees, resulting from or arising out of the self administration of the prescribed inhaler.

Signed _____ Date _____

Daytime Phone _____

Part II - Parent’s Request for Student to Carry Inhaler

I want my child to carry his/her inhaler

I want my child’s inhaler to be kept in the Health Office

Signed _____ Date _____

Prescription Expiration _____