

## **STUDENT PERMISSION TO CARRY AN INHALER**

needs to carry the following prescription inhaler on his/her person. The above named student has been instructed in the proper use and administration of this medication. It is strongly advised that additional medication be kept in the school office in case the first is lost or left at home.	
Medication	Dosage and Directions
Licensed Health Care Provider's Signature	Date
understand how it should be administe under any circumstances. I also under another student use my prescription. I a	r use of my prescription labeled medication and fully red. I will not allow another student to use my medication estand that I will be subject to disciplinary action should lso accept the responsibility for checking in with the school by medication in case I start having problems.
Student's Signature	Date
use the prescription medication described to indemnify, hold harmless, or reimburse Ministries Corporation, and their respectiany and all claims, actions, suits, losses, mishap because of administering such medinjury which might occur to my child throu or because my child allowed another stud the medication to another student, the primay be subject to disciplinary action, inclu	
Parent/Guardian Signature	Date