

## PERMISSION TO CARRY AN INHALER

\_\_\_\_\_ HAS BEEN  
*(Student's Name)*

INSTRUCTED IN THE PROPER USE OF \_\_\_\_\_  
*(Inhaler)*

WE \_\_\_\_\_ AND \_\_\_\_\_,  
*(Physician)* *(Parent/Guardian)*

REQUEST THAT HE/SHE BE PERMITTED TO CARRY THEIR INHALER ON  
HIS/HER PERSON, KEEP IN THEIR LOCKER OR BACKPACK. WE  
CONSIDER HIM/HER RESPONSIBLE AND HAS BEEN INSTRUCTED IN  
THE USE, PURPOSE, METHOD AND FREQUENCY OF HIS/HER INHALER.  
WE, THE UNDERSIGNED, ABSOLVE THE SCHOOL OF ANY  
RESPONSIBILITY IN SAFEGUARDING OUR CHILD'S INHALER.

\_\_\_\_\_  
*(Physician)*

\_\_\_\_\_  
*(Parent/Guardian)*

\_\_\_\_\_  
*(Principal)*