

MESA PUBLIC SCHOOLS

Release for Student to Carry Prescribed Inhaler or Emergency Medication

Student Name _____ Class / ID # _____

School / Year _____ Date _____

As the parent/guardian, I give permission for my child to carry and use a **labeled** inhaler or emergency medication as prescribed by our health care provider.

Name of Medication _____

Name of Medical Provider _____

Parent/Guardian Signature _____

Signature of Student (Jr/High School) _____

Note: If the student demonstrates irresponsibility in carrying the medication, permission to carry may be withdrawn by the school nurse. Medication must not be distributed to another student at any time. The parent/guardian assumes all liability related to loss or misuse of this medication. A student who violates this policy will be subject to disciplinary action.

School Nurse Signature _____ Date _____

JHCD-R-F(7) (Effective 01/24/06)

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