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Note: If the student demonstrates irresponsibility in carrying the medication, permission to carry may be withdrawn by the school nurse.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)