

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Note: If the student demonstrates irresponsibility in carrying the medication, permission to carry may be withdrawn by the school nurse.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. Parent/guardian assumes all liability related loss or misuse of this medication. A student who violates this policy will be subject to disciplinary action.

School Nurse Signature

WP:inhaler consent