

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Note: If the student demonstrates irresponsibility in carrying the medication, permission to carry may be withdrawn by the school nurse.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

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