



ARIZONA STATE UNIVERSITY

RELEASE FOR STUDENT TO CARRY INHALER OR EMERGENCY MEDICATION

Student Name _____
School Year _____

Homeroom _____
Date _____

As a 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 healthcare provider

Parent/Guardian Signature

Student Signature (Jr./High School)

Note: If student demonstrates irresponsibility in carrying the medication, permission to carry may be withdrawn by a school official.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

School Nurse or Health Assistant Signature

Date