



Release Form for Inhaler Use (Self Carry)

Date: _____

School: Fairview School Fax: 546-7715

_____ has been instructed in the proper use of the following prescribed
(student's full name)

_____ inhaler.
(name of medicine)

We, _____ and _____ request
(Medical provider) (Parent/Legal Guardian)

that _____ be permitted to carry the inhaler on his/her person
(Student's full name)

or to keep same in his/her classroom or on his/her person, as we consider him/her responsible to accept such responsibility.

He/she has been instructed in and understands the purpose and appropriate method and frequency of use of his/her inhaler. **He/she has a Medical Provider approved** asthma action **plan** for home and school.

We, the undersigned physician (professional healthcare provider)/legal guardian absolve the Milwaukee Public Schools district and its employees, agents and officers of any responsibility in safeguarding our child's inhaler.

Medical Provider's Signature

Parent/Guardian Signature