

CHENEY UNIFIED SCHOOL DISTRICT #268
Inhaler Permission Form

Student _____ Grade _____ Date _____

The above student has been instructed in the proper use of the _____
metered dose inhaler.

We request he/she be permitted to carry the inhaler on his/her person or to keep it in their locker, purse, or bookbag, as we consider him/her responsible. The student has been instructed in and understands the purpose and appropriate method and frequency of use of the inhaler. The student also understands that no other student is to have access to this medication.

School policy mandates that medications are to be dispensed through the office for all student's safety. To sign the states that is it necessary for the student to carry their inhaled medication with them at all times, and the student/parent assumes the responsibility solely for any mishaps. We, the undersigned, absolve the school of any responsibility in safeguarding the student's inhaler.

Physician signature

Parent/Guardian signature

NOTE: It is strongly advised that each student leave an extra inhaler in the office in the event of a misplaced inhaler.