



Arlington Heights School District 25

Asthma Inhaler Permission

Student will carry inhaler

Inhaler will be kept in Nurse Office

Student Name _____

Birth date _____ Home phone _____

School _____ Grade _____

Parent Permission:

I hereby request School District 25 personnel allow my child to carry and/or use an asthma inhaler. If I choose to have my child carry their inhaler, my child knows how to use the inhaler, when to use the inhaler and when to seek adult assistance. I understand that by making this choice, school personnel will not be supervising or be responsible for the administration of this medication.

I have read and understand the District medication administration procedures. If the student is unable to self-administer and/or is experiencing a reaction, staff will administer the medication. I hereby authorize District 25 and its employees and agents, on my behalf, to administer or to attempt to administer to my child lawfully prescribed medication in the manner described below.

Parent Signature _____ Date _____

Pharmacy Label must contain:

- Student's name
- Name of medication
- The prescribed dosage
- Time and circumstances under which the medication is to be administered.

**Place Copy of Prescription
Label from Inhaler
here**