



<http://www.stgabriel.net>  
(502) 239-5535  
5503 Bardstown Road  
Fern Creek, KY 0291

## Authorization for Student to Carry a Prescription Inhaler

\_\_\_\_\_ needs to carry the following prescription labeled inhaler with him/her. The above named student has been instructed in the proper use of such an inhaler and fully understands how to administer this medication. (It is preferable that another prescription labeled inhaler be kept in the school office in case the first is lost or left at home.)

\_\_\_\_\_  
MEDICATION

\_\_\_\_\_  
DOSAGE & DIRECTIONS

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE & STAMP

\_\_\_\_\_  
DATE

I have been instructed in the proper use of my prescription labeled inhaler and fully understand how to administer this medication. I will not allow another student to use my inhaler under any circumstances. I also understand that should another student use my prescription labeled inhaler the privilege of carrying my inhaler may be revoked. I also accept the responsibility for checking in with the school nurse to keep her informed of use of my inhaler so that it can be documented in the event I start having problems with my asthma.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

I hereby request that the above named student, over whom I have legal control, be allowed to carry and use the prescription labeled inhaler described above at St. Gabriel School. I understand that the parent/guardian accepts the legal responsibility should the above inhaler be lost, given or taken by a person other than the above named student. If this should happen, the privilege of carrying an inhaler may be revoked. I understand that St. Gabriel School has no legal responsibility when the above named student administers his/her own medication.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE