

NORTHWEST CHRISTIAN SCHOOL
16401 n. 43RD Avenue
Phoenix, AZ 85053
602-978-5134

CONSENT AND RELEASE FOR STUDENT TO CARRY ASTHMA INHALER

_____ (Student) has been instructed in the proper purpose and appropriate method and frequency of use of the _____ inhaler.

We (Physician) _____ and (Parent) _____,

request that (Student) _____, (Age) _____ be permitted to carry the inhaler on his/her person. We, the undersigned absolve Northwest Christian School of liability if the medication is lost, stolen or abused in any way by the student.

We further note that:

1. The physician has explained, to the parent(s) and student, the detriments and risks of using an inhaler inappropriately.
2. The above named student understands his/her responsibilities for keeping the inhaler safely on his/her person. The above named student understands the importance of preventing other students from using the inhaler, and that such use could seriously endanger other students. As a parent, I have discussed these issues with my child and I believe he/she understands his/her responsibilities for safe inhaler use.
3. As a parent, I understand that as a result of losing his/her inhaler, my child is at risk for a more severe asthmatic crisis.
4. The child/student, his/her parents and physician understand that the usual policy of Northwest Christian School is to keep all medications locked in the school Nurse's Office, for the protection of all students.
5. I understand that the school is not responsible to assist, oversee or supervise my child in the administration of the prescribed medication.

Physician's Name (Please Print)

Parent Signature

Date

Physician's Signature

Date

Student Signature

Date

Physician's Phone Number