

CLS school year 20\_\_\_\_ - 20\_\_\_\_

**RELEASE FOR STUDENT TO CARRY RESCUE INHALER  
ON PERSON AND CONTINUE RECOMMENDED MEDICATION**

I recommend that \_\_\_\_\_ carry on his/her person an Albuterol/Levalbuterol inhaler (Proventil, Ventolin, Pro-Air, Xopenex) at school or during school sponsored events. This is advisable for the student because he/she has asthma or asthma-like symptoms.

As the parent/guardian, I give my permission for the above named child to carry the inhaler on his/her person and self-administer medication as prescribed by a licensed health care provider for treatment of asthma.

By giving my consent on this form, I understand that it is my parental responsibility to ensure my child has the necessary knowledge and training to carry and self-administer his/her own asthma medication using a metered dose inhaler during the school day and at after school activities.

\_\_\_\_\_ (Please initial) My child knows his/her asthma signs & symptoms.

\_\_\_\_\_ (Please initial) My child has been trained and has the ability to use their Metered Dose Inhaler correctly.

\_\_\_\_\_ (Please initial) My child knows they are responsible for bringing their MDI to school, and to keep it in a location known to them at all times.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**\*Please note: This form MUST be re-completed for each new school year.**