



**TOPEKA PUBLIC SCHOOLS
NURSING SERVICES**

MEDICATION RELEASE FORM - INHALER

Date: _____

_____ has been instructed in the proper use of the
(Child's Name)

_____ inhaler. We, _____
(Physician)

_____, request that _____
(Parent or Guardian) (Child's Name)

be permitted to carry the inhaler on his/her person or to keep same in his/her locker or P.E.

locker, as we consider him/her responsible. He/She has been instructed in and understands the purpose and appropriate method and frequency of use of his/her inhaler.

We, the undersigned, absolve the school of any responsibility in safeguarding our child's inhaler.

Physician's Signature

Date

Parent's or Guardian's Signature

Date

Principal's Signature

Date

School Nurse Signature

Date