

**CHRIST THE KING SCHOOL 2018/2019
PARENT/GUARDIAN RELEASE
SELF ADMINISTRATION AND POSSESSION OF INHALERS**

STUDENT'S NAME _____

Please use this form to obtain the following information from your physician or medical practitioner OR attach information provided to you on another form:

NAME OF INHALED DRUG: _____

PRESCRIBED DOSAGE, EXACT METHOD OF ADMINISTRATION AND ANY SPECIFIC INSTRUCTIONS _____

THE TIME OR TIMES OF DAY (HOURS) MEDICATION IS TO BE TAKEN _____

START DATE AND LENGTH OF TIME MEDICATION IS PRESCRIBED _____

REASON MEDICATION IS NEEDED _____

POTENTIAL SERIOUS REACTION OR SIDE EFFECTS OF THE MEDICATION _____

EMERGENCY RESPONSES THAT MAY BE NECESSARY _____

IS CHILD QUALIFIED AND ABLE TO SELF-ADMINISTER THE MEDICATION? _____

**PHYSICIAN/
MEDICAL PRACTITIONER SIGNATURE:** _____ **DATE:** _____

PARENT RESPONSIBILITY

Christ the King School is not responsible for ensuring that the above medication is taken and is relieved of responsibility for the benefits or consequences of the child/youth using or not using the prescribed medication.

My child/youth has been made aware by me (parent /guardian) that his/her inhaler is for his/her use only and may not be shared with others.

My child/youth has been made aware by me (parent/guardian) the he/she must notify the teacher or other staff member immediately following each use of an inhaler in case follow-up response is needed.

PARENT/GUARDIAN SIGNATURE(S): _____ **DATE:** _____
_____ **DATE:** _____

(RETURN this form to school to be kept in the nurse's office)

