

Parental Consent for Student to Administer Medication via Metered Dose Inhaler

Date: _____

School: _____

Student: _____

Grade: _____

My child may carry with him/her and administer his/her own inhaler. I realize that the parish school of religion is not responsible for the benefits or consequences of the medication. The PSR bears no responsibility for assuring that the medication is taken. I also understand that if the student abuses the policy of carrying his/her medication, the medication will be confiscated and the privilege will be taken away.

Name of medication: _____

Reason for taking medication: _____

My child has _____ drug allergies.

Signature : _____

Relationship to student: _____