

# ANTIETAM SCHOOL DISTRICT

MT. PENN ELEMENTARY CENTER, 2310 CUMBERLAND AVENUE

READING, PENNSYLVANIA 19606

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KERRY C. HOFFMAN  
ELEMENTARY PRINCIPAL

LARRY W. MAYES, Ed. D.  
DISTRICT SUPERINTENDENT

## POSSESSION – USE OF ASTHMA INHALER

Date: \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

To Whom It May Concern:

My son/daughter \_\_\_\_\_ is on an asthma inhaler which has been prescribed by Dr. \_\_\_\_\_. I hereby allow my son/daughter to possess and self-administer this medication. My son/daughter is aware the asthma inhaler is for his/her use only and may not be shared with other students. My son/daughter is aware he/she is to notify the school nurse immediately following each use of the asthma inhaler.

I hereby release, and hold harmless, any person carrying out the instructions contained in this authorization.

Signed: \_\_\_\_\_  
(Parent/Guardian)

Parent: Please provide the original container with the prescription label for the following medication:

Nature of Illness: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

Dosage to be Given: \_\_\_\_\_

Type of Administration: Inhale orally

Specific Side Effects: \_\_\_\_\_

Specific Instructions: \_\_\_\_\_