

READING COMMUNITY SCHOOL  
READING, MICHIGAN 49274

**AUTHORIZATION**  
STUDENT SELF POSSESSION OF INHALERS

To the Parent or Guardian of:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO POSSESS AND USE A METERED DOSE INHALER OR A DRY POWER INHALER WHILE AT SCHOOL, ON SCHOOL SPONSERED TRANSPORTATION, OR AT ANY SCHOOL SPONSORED ACTIVITY. ALL SPACES MUST BE COMPLETED.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dosage

Medication is to be taken at the following times \_\_\_\_\_

Instructions or precautions (including possible side effects): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

1. I give permission for my child named above to possess and self-administer their inhaler.
2. I will assume responsibility for safe delivery of the inhaler to and from school by my child.
3. I will notify the school immediately if there are any changes in the use of the inhaler.
4. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages for injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
Signature of Parent or Adult Student

\_\_\_\_\_  
Date

As the active physician/ or health care provider I give my approval for the above named student to possess and self-administer their inhaler at school.

Physician Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Physician Address \_\_\_\_\_