

Columbia County School System

**Authorization for Student to Carry a Prescription
Inhaler**

_____ needs to carry the following prescription labeled inhaler, with him/her. The above named student has been instructed in the proper use of the medication and fully understands how to administer this medication. (It is preferable that a second prescription labeled inhaler be kept in the clinic in case the first is lost or left at home.)

Medication _____ Dosage and Directions _____

Physician's Signature or Stamp _____ Date _____

I have been instructed in the proper use of my prescription labeled medication and fully understand how to administer this medication. I will not allow another student to use my medication under any circumstances. I will use my inhaler as prescribed by my physician. I also accept the responsibility for checking in with the school nurse to keep her informed of use of my medication in case I start having problems.

Student's Signature _____ Date _____

I hereby request that the above named student, over whom I have legal control, be allowed to carry and use the prescription medication described above, at school. I accept legal responsibility should the above medication be lost, not taken as prescribed, given or taken by a person other than the above named student. I release the Columbia County School System and its employees of any legal responsibility when the above named student administers his/her own medication.

Parent/Guardian Signature _____ Date _____