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Permission to carry RESCUE INHALER

School: _____ Year _____

Student name:	Date of Birth:	Grade:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medication name:	Dose:	Expiration date:
<input type="text"/>	<input type="text"/>	<input type="text"/>

I give permission for the above-named student to carry a rescue inhaler on campus. This student has been instructed on the proper use of this medication and agrees to only use it as prescribed.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Parent/Guardian printed name: _____ Phone: _____

- Please bring this form and the medication to the health office for the school nurse and/or health assistant to review.
- Please ask the pharmacist to adhere the prescription label directly to the medication inhaler device. Or ask the pharmacist for a second prescription label to adhere directly to the inhalation device.