



THOMAS | GREENBRIER | IVY HILL | OLIVE | PATTON  
SOUTH | DRYDEN | WESTGATE | WINDSOR

## Asthma Inhaler Permission Form

### TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student (Last, First): \_\_\_\_\_ D.O.B.: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**I understand it is my responsibility to renew this form before each school year and any time my child's medical needs change.**

### TO BE COMPLETED BY PARENT OR GUARDIAN

I hereby request District 25 personnel to allow my child to carry and/or use an asthma inhaler. If I choose to have my child carry their inhaler, my child knows how to use the inhaler, when to use the inhaler and when to seek adult assistance. I understand that by making this choice, school personnel will not supervise or be responsible for the administration of this medication.

I have read and understand the District 25 medication administration procedures. If the student is unable to self-administer and/or is experiencing a reaction, staff will administer the medication. I hereby authorize District 25 employees and agents, on my behalf, to administer or to attempt to administer to my child lawfully prescribed medication in the manner described.

The medication will be kept:  with student self carry  in health office

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### PHARMACY LABEL AFFIXED HERE

For asthma inhalers, attach the prescription label with the student name, name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered. 105 ILCS 5/22-30(b)(2)(i).