



Saint Kilian Parish School

MEDICATION PERMISSION FOR INHALERS

Following school policy, ALL inhaled medication sent to school must:

1. Be in the original container
2. Have the *Private Physician Request for Inhaler Medication* form completed by your healthcare provider.

INHALED PRESCRIPTION MEDICATION		
Student's Name:	Homeroom:	
	#1:	#2:
Medication		
Time		
Amount Sent		
Reason for Medication		
Healthcare Provider	Name: Phone:	Name: Phone:
<p>In accordance with Pennsylvania State Law, I hereby allow my child to carry his/her inhaler medication. I hereby agree, as an inducement to you to comply with our request, to relieve Saint Kilian Parish School, the principal and their designee from liability for injury due to use, misuse, or abuse of the said medication or from any kind of injury which may arise from the administration of said medication to our child, whether such damage, injury, use, misuse, or abuse be caused by or result from the negligence of Saint Kilian Parish School, it's servants, agents, or any other person or persons whatsoever. I understand that Saint Kilian Parish School reserves the right to withdraw permission at any time if my child is unable to demonstrate responsible behavior in carrying and/or taking this medication.</p> <p>I understand that a school nurse is not available during the school day to assess my child's need for this medication. I understand that my signature below also gives permission for the principal or designee to contact our physician or dentist as necessary regarding the medication I am asking my child to carry during school hours.</p> <p>I understand that this release must be notarized unless it is signed at school and witnessed by a member of the school staff.</p> <p>In witness whereof and intending to be legally bound hereby, we here unto set our hands and seal the ____ day of _____, 20__.</p> <p>Parent Signature: _____</p> <p>Witness Signature: _____ (school staff)</p>		
<p>This section is for use by Notary if necessary:</p> <p>Sworn to and subscribed before me, a notary public, this ____ day of _____, 20__.</p> <p>_____</p> <p>Notary Public</p>		
SEAL		
<p>Parent/Guardian phone numbers</p> <p>Home: _____ Cell: _____ Work: _____</p>		