



FRISCO INDEPENDENT SCHOOL DISTRICT
School Health Services

INHALER RELEASE FORM

Date: _____

_____ (Child's Name) has been instructed in the proper use of

the _____ inhaler. We _____

(Physician) and _____ (Parent/Guardian) request that

_____ (Child's Name) be permitted to carry the inhaler on his/her person or to keep same in his/her locker or PE locker, as we consider him/her responsible. He/She has been instructed in and understands the purpose, and appropriate method and frequency of use of his/her inhaler.

We, the undersigned, absolve the school of any responsibility in safeguarding our child's inhaler.

Physician

Parent/Guardian

School Nurse

Principal