



PERMISSION FORM FOR POSSESSION & USE OF ASTHMA QUICK RELIEF INHALER

LIABILITY RELEASE

I give my permission for _____ to possess and use the state licensed health care practitioner prescribed asthmatic quick relief inhaler during the current school year at the student's discretion. I understand that the school nurse may impose limitations upon the possession and/ or use of the inhaler based upon the student's age, level of maturity, behavior or other relevant considerations.

I hereby release and exonerate Providence Creek Academy and its school board members and employees from any and all liability or responsibility resulting or arising from the student's use or possession of the inhaler.

Parent/ Guardian Name (Printed)

Parent/ Guardian Signature

____/____/____
Date

PRESCRIPTION

I am attaching to this form the required copy of the prescription or written direction from a Delaware licensed health care practitioner for the possession and self-administering of the quick relief inhaler. The student has been appropriately instructed in the self-administration of the quick relief inhaler. The student is aware that the inhaler must have a prescription label attached directly to the plastic pump and on the box.

Health Care Provider Signature

____/____/____
Date

Please return this form to: Tabitha Herbert BSN, RN
Providence Creek Academy
273 W. Duck Creek Rd
Clayton, DE 19938
Fax: 302-653-7850