



**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 aU 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: Nicole Vanderven RN, BSN  
Providence Creek Academy 273 W.Duck Creek Rd Clayton, DE 19938  
Fax: 302-653-7850