



**MILWAUKEE
PUBLIC SCHOOLS**

**Milwaukee Public Schools
Release Form for Inhaler Use**

Date: _____

_____ has been instructed in the proper use of the
(student's full name)

following prescribed _____ inhaler.
(name of medication)

We, _____ and _____
(Physician/medical provider) (Parent/Legal Guardian)

request that _____ be permitted to carry their inhaler on his/her person
(student's full name)

or to keep same in his/her classroom or on his/her person, as we consider him/her responsible to accept such responsibility.

He/she has been instructed in and understands the purpose and appropriate method and frequency of use of his/her inhaler. **He/she has a Medical Provider approved asthma action plan** for home and school.

We, the undersigned physician (professional healthcare provider)/legal guardian absolve the Milwaukee Public Schools district and its employees, agents and officers of any responsibility in safeguarding our child's inhaler.

(Medical Provider's Signature)

(Parent/Legal Guardian Signature)

(School Principal's Signature)

(School Nurse's Signature)

