

RAYMOND SCHOOL DISTRICT



USE OF INHALERS

Physician Portion:

Date: _____

My patient, _____, is being treated by this office for asthma.

He/She has been instructed in the proper use of the _____ inhaler, and should be allowed to carry it with him/her in school for use as directed.

Physician's Signature

Clinic Address: _____
Address City/Town State

Parent Portion:

I give my daughter/son, _____, permission to carry his/her _____ inhaler in school to be used as directed by his/her physician.*

Parent/Guardian Print Name

Parent/Guardian Signature