

AUTHORIZATION FOR THE USE OF INHALER
Release and Indemnification Agreement
Manassas Park City Schools

PART I - TO BE COMPLETED BY THE PARENT OR GUARDIAN

I hereby request Manassas Park Schools personnel to permit the student identified below to carry an inhaler on his or her person in school and to be allowed to use it as soon as an asthmatic attack begins. I agree to release, indemnify, and hold harmless Manassas Park Schools Schools and any of their officers, staff members or agents from lawsuit, claim, expense, demand, or action, etc., against them for assisting this student with the inhaler, provided Manassas Park Schools personnel are following physician orders as written in Part II below.

Student: _____ Homeroom Teacher/Grade _____

Birthdate: _____ School: _____

The first dose must be given at home to assure that the student did not have a negative reaction; the first date given: _____

Parent/Guardian's Signature: _____ Daytime Phone #: _____ Date: _____

PART II - TO BE COMPLETED BY THE PHYSICIAN OR LICENSED PRESCRIBER

Diagnosis: _____

Date of Order: _____ Medication: (Trade Name) _____

Duration of Order: (not to exceed current school year) _____

Time Interval for Repeating Dosage: _____

Dosage at School: _____

Symptoms or conditions for which medication is ordered: _____

Emergency Procedure for any life-threatening conditions: _____

List other medications student is taking: _____

I have instructed this student in the proper way to use his/her inhaler. It is my professional opinion that this student should be allowed to carry and use that medication by him/herself and understands the need to report to school personnel when the inhaler does not relieve asthma symptoms.

Physician's Name (Print or Type): _____ Physician's Signature: _____

Phone #: _____ Date: _____

PART III – TO BE COMPLETED BY THE PRINCIPAL OR PRINCIPAL DESIGNEE

Check as appropriate:

- Parts I and II are completed including signatures
- Medication is clearly labeled.

Principal or Principal Designee's Signature

Date

ORIGINAL: Student Health/Medical History Record

RETENTION: Upon student withdrawal or five years after graduation