

**Archdiocese of Milwaukee**

**Release Form for Student Inhaler Use**

Parents/Legal Guardians:

Please ensure that all signatures necessary to implement this "Inhaler Use" form are in place on this form before submitting it to the school office.

Date: \_\_\_\_\_

\_\_\_\_\_ has been instructed in the proper use of the below  
(Child's Name)

listed inhaler \_\_\_\_\_.

We, \_\_\_\_\_, and \_\_\_\_\_ request  
(Physician) (Parent/Legal Guardian)

that \_\_\_\_\_ be permitted to carry the inhaler on his/her person, or to keep same in his/her classroom or locker, as we consider this student to be responsible. He/she has been instructed in, and understands the purpose and appropriate method and frequency of use of the inhaler.

We, the undersigned physician and parent/legal guardian absolve the school and its employees, agents and officers of any responsibility in safeguarding our child's inhaler.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Parent/Legal Guardian's Signature)

\_\_\_\_\_  
(School Principal's Signature)

\_\_\_\_\_  
(Homeroom Teacher's Signature)