

**RELEASE TO POSSESS/CARRY ASTHMA INHALER**

I, the undersigned parent and/or guardian of:

\_\_\_\_\_ Born \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
(Student's Name) Mo Day Yr

do hereby sign and execute this release my behalf and on behalf of my minor son/daughter/ward.

**To Be Completed by Physician/Licensed Prescriber:**

**NAME OF MEDICATION:** \_\_\_\_\_

**DOSE:** \_\_\_\_\_

**TIME TO BE GIVEN:** \_\_\_\_\_

**DURATION:** \_\_\_\_\_

**SIDE EFFECTS:** \_\_\_\_\_

**ADVERSE REACTIONS:** \_\_\_\_\_

Check here if this release is for a metered dose asthma inhaler, which the student will possess and use at his/her own discretion in school or at school activities. The physician and parent/guardian signature below apply to the inhaler possession and use by the student as permitted in Public Act 10 – Revised School Code.

\_\_\_\_\_  
(Doctor's Signature) (Please print name)

\_\_\_\_\_  
(Phone Number) (Date)

**To Be Completed by Parent/Guardian:**

I hereby waive any liability whatsoever against Gabriel Richard Catholic High School or the Archdiocese of Detroit or any of its personnel, that might occur as the result of giving said medication in the indicated dosage at the time requested to our minor son/daughter/ward.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_