

**CATALINA FOOTHILLS SCHOOL DISTRICT
HEALTH SERVICES**

PERMISSION TO CARRY RESCUE INHALER ON CAMPUS

Date: _____ School Year: _____ / _____ Grade: _____

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

/

(Name, Dose and Frequency of inhaler use)

(Expiration Date)

(Parent/Legal Guardian signature)

(Parent Name Printed)

(Phone)

**The inhaler should be in the original box with the prescription label.
The inhaler should also have a prescription label attached to it.**

(Physician signature)

(Date)

(Physician Name Printed)

(Phone)

Date Form Received by School	# of Metered Doses Left	Expiration Date