



AMERICAN CHRISTIAN SCHOOL
126 South Hillside Avenue, Succasunna, New Jersey 07876
973-584-6616 Fax 973-584-0686

To: Parent/Guardian

Re: Permission to self-administer inhaler in school

A pupil may be permitted to self-administer an inhaler under the following conditions:

The child's physician must certify, in writing, that the child has asthma or another life threatening illness and that the child is capable of and has been instructed in the proper administration of the required medication.

The medication must be in the original prescription container, properly labeled.

Permission is effective for the school year for which it is granted and must be renewed annually.

The parent must understand that the school district shall not accept any responsibility for injury arising from the self-medication and sign the following:

2011-2012 Self-Administered Inhaler Permission Form

Student Name: _____ Grade: _____ School: American Christian School

Name of Medication: _____ Dosage: _____

Purpose of Medication: _____

Time to be given: _____

Number of days (Termination Date): _____

Possible side effects: _____

Prescribing Physician's Name: _____ Phone: _____
(Print Name Clearly)

I hereby give permission for my child to self-administer an inhaler. Attached is the physician's letter regarding the use of the inhaler. I accept full responsibility for my child's use of the inhaler and will not hold the school district responsible for any injury arising from self-medication.

Signature: _____ Home Phone: _____

Date: _____ Business Phone: _____