



Inhaler Release Form

Date _____

Grade _____

School Year _____

_____ has been instructed in the proper use of _____
(Child's Name)

inhaler. We, _____ and _____,
(Physician) (Parent/Guardian)

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

We, the undersigned parent/guardian, absolve the school of any responsibility in safeguarding our child's inhaler.

(Physician's Signature)

(Parent's or Guardian's Signature)

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