

**CATALINA FOOTHILLS SCHOOL DISTRICT  
HEALTH SERVICES**

**CARRY INHALER ON SCHOOL GROUNDS**

Date: \_\_\_\_\_ School Year: \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_

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

\_\_\_\_\_ Inhaler.  
(Name of inhaler)

The student is to keep his/her inhaler in his/her classroom, backpack, locker, or off campus school activity, 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.

**The inhaler must have a prescription label attached directly to it. Please ask the pharmacist to print an extra label for the school inhaler.**

I, the undersigned Parent/ Legal Guardian, release the school district and its employees, agents and officers of any responsibility in safeguarding this student's inhaler.

\_\_\_\_\_  
Parent/legal Guardian signature

\_\_\_\_\_  
Parent Name Printed Phone

**\*If there is NO prescription label a PCP signature is necessary**

\_\_\_\_\_  
Prescriber's Signature