INHALED PRESCRIPTION MEDICATION PERMISSION FORM
(TO BE FORWARDED TO THE SCHOOL NURSE)

Date _____

I give my permission to Milton Elementary School Nurses to exchange information with _____ concerning medication issues for _____.
Physician's name and phone number — Name of student

I also give my permission for the medication listed below to be administered at school.

Signature of parent/guardian: _____

Medication: _____
Medication name, date and time to be administered

Reason for giving: _____
Diagnosis

Beginning date: _____ Ending date: _____

Signature of Physician: _____

For students in grades 5 & 6:

_____ Has been instructed in the proper use of his/her Medication, and may self-administer the inhaled medication. He/she may carry their medication with him/her in a backpack or other personal carrying bag (inaccessible to other students).

Signature of Physician: _____ Date: _____
Signature of Parent: _____ Date: _____
Written permission for inhalers will be kept in the Health Office. If the student is determined at any time to be using his/her inhaler improperly, it will be removed from the student and stored in the Health Office or sent home. See Milton Elementary "Health Handbook".

No medication will be given at school until the school receives this completed form with the prescribed medication in a container appropriately labeled by the pharmacy or physician. All medication brought to school must be kept in the Health Office during school hours (except inhalers as noted above).

Date received: _____ Signature of School Nurse: _____