

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

Date: \_\_\_\_\_

I give my permission to Milton \_\_\_\_\_ School Nurses to exchange information with  
\_\_\_\_\_ concerning medication issues for \_\_\_\_\_  
Physician's name & phone number Name of student

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

Signature of parent or guardian: \_\_\_\_\_

Medication \_\_\_\_\_  
Medication name, dose, time of administration

Reason for giving \_\_\_\_\_  
Diagnosis

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

Signature of physician \_\_\_\_\_

**For students in grades \_\_\_\_\_ 5-12<sup>+</sup>**

\_\_\_\_\_ has been instructed in the proper use of his/her  
Name of student

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 \_\_\_\_\_