

MILWAUKEE PUBLIC SCHOOLS
RELEASE FORM FOR INHALER USE

Date _____

_____ has been instructed in the proper use of the following
(student's full name)

prescribed _____ inhaler.
(name of)

We, _____ and _____ request
(Physician/professional healthcare giver) (Parent/Legal Guardian)

That _____ be permitted to carry the inhaler on his/her
(student's full name)

person or to keep same in his/her classroom or on his/her person, as we consider him/her responsible to accept such responsibility. He/she has been instructed in and understands the purpose and appropriate method and frequency of use of his/her inhaler.

We, the undersigned physician (professional healthcare giver)/legal guardian absolve the Milwaukee Public Schools district and its employees, agents and officers of any responsibility in safeguarding our child's inhaler.

(Physician's Signature)

(Parent/Legal Guardian Signature)

(School Principal's Signature)

MILWAUKEE PUBLIC SCHOOLS
NON-PRESCRIPTION
MEDICATION CONSENT FORM

NAME OF STUDENT _____

MEDICATION _____

DOSAGE _____

TIME TO BE GIVEN _____

PERIOD / LENGTH OF TIME TO BE GIVEN _____

REASON FOR TAKING MEDICATION _____

I authorize the above-stated medication be given, as indicated, to my son / daughter.

Date

Signature of Parent / Legal Guardian

MILWAUKEE PUBLIC SCHOOLS

AUTHORIZATION TO DISCONTINUE MEDICATION

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____

Name of Parent(s)/Guardian: _____

Phone: (Home) _____ (Work): _____

Name of Medication: _____

Dosage: _____

Date to Stop: _____

Name of Prescribing Physician: _____

Physician Address: _____

Physician Phone Number: _____

If there is any unused medication, please:

Discard any remaining medication.

Keep the medication at school until I pick it up on _____
Date

I hereby withdraw my consent to administer medication to my son/daughter.

Parent/Guardian Signature

Date

A copy of this form may be sent to your physician.