

# Lago Vista Independent School District

## Asthma Inhaler

### Parent/Guardian Release

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_  
(Parent/Guardian's Name) (Student's Name)

give my permission for them to carry and use their prescribed asthma inhaler

\_\_\_\_\_ as instructed by \_\_\_\_\_  
(Medication) (Physician's Name)

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I understand that this medication may not be distributed by my child to  
*init* anyone else and that I may be held liable if my child distributes this medication to  
anyone else.

I understand that my child will be held responsible for the possession and  
*init* control of the medication during the time he/she is under the school's jurisdiction.

I understand that Lago Vista ISD can not be held liable for any misuse/abuse  
*init* of the medication by my child. Therefore, I release Lago Vista ISD from any  
responsibility for my child's actions with regard to the prescribed medication.

I realize that any misuse/abuse of the medication by my child may result in  
*init* disciplinary action by Lago Vista ISD.

- *Special note: By signing this form, your child will become the person in charge of their inhaler. If they forget it, leave it at home, lose it, or don't realize that it is empty, they could potentially be left with no rescue inhaler at school. Please consider providing the school nurse with a back-up inhaler as a precaution.*

Parent's/Guardian's Name (Print) \_\_\_\_\_

Parent's /Guardian's Signature \_\_\_\_\_

Student's Signature \_\_\_\_\_

Telephone number (home & daytime) \_\_\_\_\_ / \_\_\_\_\_

Date \_\_\_\_\_