

**PERMISSION TO SELF-ADMINISTER**

**INHALER MEDICATION**

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

I hereby give my permission for my child \_\_\_\_\_ to carry on his/her person (grades 6-8) an inhaler containing \_\_\_\_\_.

This medication is to be used for the relief of respiratory symptoms. I am aware of the side effects of this medication. My child has been taught how to properly use an inhaler, and has been instructed not to share it with others. I am aware that Hanover Parks and Recreation personnel will inform me of any times that my child does need to use his/her inhaler.

I am aware that all inhalers must have a prescription label attached to it whenever it is to be carried in school. This label serves as the doctor's orders for the medication. Additionally, I agree that medication will be used only by the child to whom it is prescribed.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Camp Director: \_\_\_\_\_ Date: \_\_\_\_\_