



JONES COUNTY SCHOOL DISTRICT

**RELEASE-TO-CARRY FORM FOR ASTHMA INHALER, ANAPHYLAXIS MEDICATION,
AND/OR INSULIN SUPPLIES**

Date: _____ School: _____

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

_____ medication/s.
(name of medication/s)

Diagnosis #1: _____

Name of medication #1: _____

Dosage: _____

Diagnosis #2: _____

Name of medication #2: _____

Dosage: _____

We, _____ and _____, request that
(physician) (parent/guardian) _____ be
permitted to carry the asthma inhaler, anaphylaxis medication/s,
(student's full name)

and/or insulin supplies on his/her person, or to keep the asthma inhaler, anaphylaxis medication/s, and/or insulin supplies in his/her classroom or locker. He/she has been instructed in and understands the purpose, appropriate method, and frequency of use of his/her medication/s as well as the proper method of disposal.

We, the undersigned physician and parent/guardian, absolve the school district and its employees, agents and officers of any responsibility in safeguarding our child's asthma inhaler, anaphylaxis medication/s, and/or insulin supplies.

We understand that the school district and its employees and agents will not be held liable for any injury sustained by the student that has self-administered emergency medication/s.

(physician's signature)

(principal's signature)

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(parent/legal guardian signature)

(school nurse's signature)