

The Westwood School  
Special Medical Approval for Self-Administration of Medical Inhalers



Only for Students Age 8 and Older

Student Name: \_\_\_\_\_

Parent/Guardian Permission

I request that my child over the age of 8 be permitted to carry and self-administer the medicated inhaler, \_\_\_\_\_, for the following reason: \_\_\_\_\_.

She/he has been instructed in and understands the medication's purposes, frequency, and the appropriate method of use. I understand administration will be without adult supervision, and I release The Westwood School and its employees from and all liability associated therewith.

I understand that when the inhaler is used, it is my child's responsibility to inform his/her teacher when the medication was used so that it may be recorded. I understand the teacher will not notify me of that use; however I may receive record of usage when I request one in writing.

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

**The Westwood School reserves the sole discretion to approve or deny a request for self-medication and reserves the right to rescind this approval if there is any sharing of medication, the medication is left anywhere on the school premises, or for any other reason the school deems necessary.**

**All students completing this form are required to provide a Severe Asthma Form to The Westwood School.**