



*School Health Service
Huntington Public Schools
Huntington, New York 11743*

REQUEST FORM - ASTHMA INHALER

We request that our child _____ attending _____
(name) (school)
be allowed to carry an **asthma inhaler** for his/her exclusive and personal use, as he/she deems necessary.

Since we are not providing the school nurse with an inhaler for our child, we understand that school personnel will be unable to provide him/her with medication for asthma in case of an emergency. The risks to our child's health and life of unsupervised use of the inhaler have been fully explained, to us and we understand and accept them. We have instructed our child to use the inhaler according to the instructions prescribed by our physician.

We agree to fully absolve the Huntington UFSD and its staff of any responsibility for the health and welfare of our child related to the unrestricted use of the inhaler, without the supervision that would otherwise be provided by the school nursing staff, or the school physician, and we take full responsibility for any and all of the consequences which may result from our request. Furthermore, we agree to save the school district harmless and will indemnify it from any and all claims for personal injuries related to our child's unsupervised use of, or failure to use, the aforesaid inhaler.

We are fully aware of the concerns of the school district with regard to the unsupervised use of this inhaler. Despite such concerns we have made this request, thereby knowingly and voluntarily relieving the district from any responsibility it may have regarding the care, custody and control of the subject medication, and the availability and/or administration of same to our child.

(Mother's name and signature)

(Father's name and signature)

(Address)

(In district witness)

(Date)

