



St. Gregory Nazianzen School 911 So. Norton Avenue Los Angeles, CA 90019
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ARCHDIOCESE OF LOS ANGELES AUTHORIZATION AND PERMISSION FORM FOR INHALERS TO BE CARRIED BY STUDENTS

Part A, B and C to be completed by a Licensed Physician
Part D by Parent/Guardian -please print

A.

Last Name of Student First Name Sex Birth Date

Diagnosis Inhaler Prescribed

Dosage Prescribed Time Schedule at School Date of Prescription

Length of time this inhaler will be necessary

B. Physician's Recommendations, (check where applicable)

Inhaler may have adverse effects (explain)

Special instructions and/or comments

C. Physician's Authorization. The student for whom this inhaler is prescribed is under my care.

Print Name of Licensed Physician Signature of Licensed Physician

Address Telephone Date

TO THE PARENT/GUARDIAN: THE STUDENT MAY CARRY THE INHALER AND USE IT AS PRESCRIBED, AFTER THIS FORM HAS BEEN FILED WITH THE SCHOOL HEALTH OFFICE.

PLEASE SIGN THE FOLLOWING STATEMENT:

D. Permission for Inhaler to be Self-Administered by Student During School Hours

I request that my child, be permitted to carry and self-administer the above-prescribed inhaler at school. I will comply with the policies and procedures determined by the school.

Date Day Telephone Emergency Telephone

Signature of Parent/Guardian