Nebulizer Self-Administration Consent & Release

Student: _____

School: _____ Grade: _____

To be completed by a physician/healthcare provider:

My patient, _____, has been instructed in the proper use of his/her Nebulizer.

My patient is authorized to use the:_____

This student's wellbeing is in jeopardy unless the above nebulizer is given to him/her. This patient understands the purpose, appropriate method, and frequency of the use of this medication.

Physician/Healthcare Provider: _____

Please Print or Stamp

Address: _____

Phone Number: _____ Date: _____

Physician Healthcare Provider's Signature: _____

To Be Completed by Parent/Guardian:

I permit my child to use the above nebulizer as ordered by his/her physician/healthcare provider. I understand that my child, not the school, is responsible for the storage, possession of the nebulizer. I understand that sharing medication with other students will result in disciplinary action.

Parent/Guardian Signature: _____ Date: _____

To Be Completed by the Student:

I understand the purpose, appropriate method, and frequency of the use of my nebulizer. I understand that I, not the school, is responsible for the storage and possession of the nebulizer. I understand that sharing this medication with other students is potentially dangerous and will result in disciplinary action.

Student Signature: _____ Date: _____

- This form must be completed in addition to the routine medication authorization form and a care plan.