



# Camp Griffin

## Authorization for the Use of Inhaler Release and Indemnification Agreement

### **PART I – TO BE COMPLETED BY THE PARENT OR GUARDIAN**

I hereby request Westminster School personnel to permit the student identified below to use an inhaler in school as soon as an asthmatic attack begins. I agree to release, indemnify, and hold harmless Westminster School and any of their officers, staff members, or agents from lawsuit, claim, expense, demand, or action, etc., against them for assisting this student with the inhaler, provided Westminster School personnel are following physician orders as written in Part II below.

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

\_\_\_\_\_  
*Parent or Guardian Signature*

\_\_\_\_\_  
*Daytime Phone*

\_\_\_\_\_  
*Date*

### **PART II – TO BE COMPLETED BY THE PHYSICIAN**

Diagnosis: \_\_\_\_\_

Date of Order: \_\_\_\_\_ Medication (Trade Name): \_\_\_\_\_

Duration of Order (Not to exceed current school year): \_\_\_\_\_

Time Interval for Repeating Dosage: \_\_\_\_\_

Dosage at School: \_\_\_\_\_

Symptoms or conditions for which medication is ordered: \_\_\_\_\_

Check appropriate box:

- I believe that this student has received adequate information on how and when to use an inhaler and that he or she can use it properly. The student is to carry an inhaler during school hours.
- I believe that this student has received adequate information on how and when to use an inhaler and that he or she can use it properly in an emergency. It is not necessary for the student to carry an inhaler during school hours.

\_\_\_\_\_  
*Physician (Please Print or Type)*

\_\_\_\_\_  
*Physician Signature*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Date*

### **PART III – TO BE COMPLETED BY THE HEADMASTER OR HEADMASTER DESIGNEE**

Check as appropriate:

- Parts I and II above are completed, including signatures.
- Medication is clearly labeled.

\_\_\_\_\_  
*Headmaster or Headmaster Designee Signature*

\_\_\_\_\_  
*Date*

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### **INFORMATION AND PROCEDURES: INHALERS**

1. Nonessential medication will not be permitted in school or during school-sponsored activities. Any medication taken in school must have the parent- or guardian-signed authorization and physician order if required by regulation.
2. The parent or guardian is responsible for obtaining the physician statement, Part II.
3. A physician may use office stationery or a prescription pad in lieu of completing Part II. Necessary information includes: student name, date of order, duration of order, diagnosis, medication name, dosage, interval for repeating dosage, symptoms, other medications the student is taking, statement that the student may self-administer, physician's signature, and date.
4. Physician samples must be appropriately labeled by the physician to include information requested in Number 3 above.
5. The parent or guardian is responsible for submitting a new form to the school each time there is a change in the dosage or in the time at which medication is to be taken.
6. Medication kept in the school will be stored in an area accessible only to authorized personnel unless approved for the student to carry during school hours.
7. Within one week after expiration of the effective date on the physician order, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
8. In no case may any health or school staff member facilitate the taking of any medication outside the framework of the procedures outlined here.

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