



Authorization for the Use of Inhaler Release and Indemnification Agreement

PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN

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

Student: _____ Birthdate: _____

Parent/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 statement:

I believe that this student has received adequate information on how and when to use an inhaler and he or she can use it properly. The student is to carry an inhaler during camp hours.

I believe that this student has received adequate information on how and when to use an inhaler and he or she can use it properly in an emergency. It is not necessary for the student to carry an inhaler during camp 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-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 stationary or a prescription pad in lieu of completing Part II. Necessary information includes: student name, date of the 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 #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 medication outside the framework of the procedures outlined here.