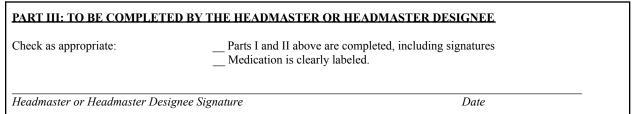


Authorization for the Use of Inhaler Release and Indemnification Agreement

PART I: TO BE COMPLETED B ¹ I hereby request that Camp Griffin p asthmatic attack begins. I agree to re members, or agents, from lawsuit, cla inhaler, provided Camp Griffin perso	ersonnel permit the student ident lease, indemnify, and hold harml ims, expense, demand, or action	ess Camp Griffin, and any etc. against them for assis	of their officers, staff sting this student with the
Student:	Birthdate:		
Parent/Guardian Signature	Daytin	e Phone	Date
PART II: TO BE COMPLETED B	Y THE PHYSICIAN		
Diagnosis:			
Date of Order:	Medication (Trade	Name):	
Duration of Order(Not to exceed cur	rent school year):		
Time Interval for Repeating Dosage	·		
Dosage at School:			
Symptoms or Conditions for which r	nedication is ordered:		
Check appropriate statement:			
I believe that this student has or she can use it properly. The st	received adequate information of udent is to carry an inhaler durin		n inhaler and he
I believe that this student has or she can use it properly in an e hours.	received adequate information of mergency. It is not necessary for		
Physician (Please Print or Type)	Physician Signature	Phone	Date



Experience ~ **Explore** ~ **Create**



Authorization for the Use of Inhaler Release and Indemnification Agreement

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 members facilitate the taking of medication outside the framework of the procedures outlined here.