Nebulizer Consent & Release

Student	
School Grade	
T. b	
To be completed by a physician/practition	
My patient,proper use of his/her nebulizer. The nebuli	,nas been instructed in the
	My patient is authorized to use the
nebulizer as follows:	The
prescription for the nebulizer expires	
This student's well being is in jeopardy unle	
He/she understands the purpose, appropria	te method, and frequency of the use of
this medication.	
Physician/Practitioner:	
Please Print	
Address:	•
Phone #	
Signature:	 Date:
	•••••
To Be Completed by Parent/Guardian:	
To be completed by the converse district	
I permit my child to be given the above list	ed nebulizer as ordered by his/her
physician/practitioner. I understand that r	•
for the storage, possession, and use of the	•
medication with other students will result in	
Parent/Guardian Signature:	·
Lot #:Expira	ntion Date:
To Be Completed by the Student:	
To Be Completed by the Student:	had and fraguency of use of this
I understand the purpose, appropriate metl	•
nebulizer. I understand that I, not the scho	•
possession, and use of the nebulizer. I under the students is not entirely deposited and	<u> </u>
other students is potentially dangerous and	· ·
Student Signature:	Date:
• This form must be completed in additi	
authorization form & the allergic reaction form.	