



**JONES COUNTY SCHOOL DISTRICT**

**RELEASE-TO-CARRY FORM FOR ASTHMA INHALER, ANAPHYLAXIS MEDICATION, AND/OR INSULIN SUPPLIES**

Date: \_\_\_\_\_ School: \_\_\_\_\_

\_\_\_\_\_, has been instructed in the proper use of  
(Student's Name)

\_\_\_\_\_ medication(s).  
(Name of Medication(s) )

Diagnosis #1: \_\_\_\_\_

Name of medication #1: \_\_\_\_\_

Dosage: \_\_\_\_\_

Diagnosis #2: \_\_\_\_\_

Name of medication #2: \_\_\_\_\_

Dosage: \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_, request that  
(Physician) (Parent/Guardian)

\_\_\_\_\_  
(Student's Full Name)

be permitted to carry the asthma inhaler, anaphylaxis medication(s), and/or insulin supplies on his/her person, or to keep the asthma inhaler, anaphylaxis medication(s), and/or insulin supplies in his/her classroom or locker. He/she has been instructed in and understands the purpose, appropriate method, and frequency of use of his/her medication(s) as well as the proper method of disposal.

We, the undersigned physician and parent/guardian, absolve the school district and its employees, agents and officers of any responsibility in safeguarding our child's asthma inhaler, anaphylaxis medication(s), and/or insulin supplies.

We understand that the school district and its employees and agents will not be held liable for any injury sustained by the student that has self-administered emergency medication/s.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Principal's Signature)

\_\_\_\_\_  
(School Nurse's Signature)