

**Jonesville Community Schools**  
**Parent/Student Agreement for Permission to Carry an Inhaler**

*(Physician must also sign that student should carry an inhaler at school on the Authorization for the Possession and Use of Asthma Inhalers.)*

**Parent:**

- I give my consent for my student to carry and self-administer his/her inhaler.
- I understand that the school board or its employees cannot be held responsible for negative outcomes resulting from self-administration of the inhaled asthma medication.
- This permission to possess and self-administer asthma medication may be revoked by the principal if it is determined that your student is not safely and effectively self-administering the medication.
- A new Authorization for the Possession and Use of Asthma Inhalers/ and Parent/Student Agreement for Permission to Carry an Inhaler must be submitted each school year.

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*Parent/Guardian's Signature Required*

*Date*

**Student:**

- I have demonstrated the correct use of the inhaler to the school nurse.
- I agree never to share my inhaler with another person or use it in an unsafe manner.
- I agree that if there is no improvement after self-administering, I will report to the school nurse/health clinic assistant or another appropriate adult if the nurse is not available or present.

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*Student's Signature Required*

*Date*