



*Anderson Preparatory Academy
"Where Excellence is Expected."*

ANDERSON PREPARATORY ACADEMY

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Inhaler Self-Administration Form

FORM ONLY NECESSARY IF STUDENT WILL SELF-ADMINISTER INHALER AT SCHOOL

Student Name: _____ Grade: _____

PARENTAL/GUARDIAN Consent for Student to Carry And Self Administer and Inhaler:

I give permission for my child to carry the following inhaler to school _____
My child is aware of the dosage and has been instructed on the use of the inhaler by the
prescribing physician. Furthermore, my child is aware of situations that may require further
medical attention. I understand that **Anderson Preparatory Academy** and its administration,
faculty and staff shall not incur and liability arising from my decision to permit my child to self-
medicate.

Parent Signature

Date

PHYSICIAN Consent for Student to Carry and Self Administer Inhaler:

I Have instructed both the parent and the child in the administration of the following
inhaler(S) _____. I Judge this child able to carry the inhaler to school and
self-medicate in school and throughout the day, as needed. The prescribed medication(s) and
dosages are _____

I understand that **Anderson Preparatory Academy** and its administration, faculty and staff shall
not incur any liability arising from my decision to permit their child to self-medicate

Physician Signature

Date