



CARE AFTER SCHOOL, INC.

REQUEST FOR CHILD TO CARRY & ADMINISTER OWN PRESCRIPTION MEDICATION BY INHALER

I hereby request and grant my permission for my child, _____, to carry an inhaler and administer his or her own medication in keeping with the Inhaler Self Administration Form. I release the Care After School Board and employees from any and all liability of any kind which may arise from the use, misuse or nonuse of such medication except liability for damages or injuries caused by the sole negligence of Care After School.

I agree to submit an approved Worthington Schools Inhaler Self Administration Authorization Form signed by the physician who has prescribed the medication. In the event I become aware that any of the information has changed, I will submit a revised form.

DATE(S) FOR WHICH PERMISSION IS GIVEN: _____

I have read and understand the Care After School, Inc., policy for the administration of medication and affirm that this request entails special circumstances justifying an exception from the usual administration of medication of Care After School employees.

Signature of Parent / Guardian

Date

Parent Daytime Phone Number