



PORT WASHINGTON-SAUKVILLE SCHOOL DISTRICT

We educate all children to reach their greatest potential.

DUANE A. WOELFEL
Director of Special Services

100 West Monroe Street
Port Washington, WI 53074

Tel. (262) 268-6079
Fax (262) 284-7742
Email: duane.woelfel@pwssd.k12.wi.us

David J. Watkins
Superintendent of Schools

100 West Monroe Street
Port Washington, WI 53074

Website: www.pwssd.k12.wi.us

Release Form for Inhaler Use (Self Carry)

Date: _____ School: _____

_____ has been instructed in the proper use of the following
prescribed
(student's full name)

_____ inhaler.
(name of medicine)

We, _____ and _____ request
(Medical provider) (Parent/Legal Guardian)

that _____ be permitted to carry the inhaler on his/her
(Student's full name)

person, as we consider him/her responsible to accept such responsibility.

He/she has been instructed in and understands the purpose and appropriate method and frequency of use of his/her inhaler. **He/she has a Medical Provider approved asthma action plan** for home and school.

We, the undersigned physician (professional healthcare provider)/legal guardian absolve the Port Washington-Saukville School district and its employees, agents and officers of any responsibility in safeguarding our child's inhaler.

Medical Provider's Signature

Parent/Guardian Signature