

# Smyrna School District

## Release Form

### Student Possession and Use of Asthmatic Quick Relief Inhaler *(in accordance with 14 DE Admin. Code 612 and 817)*

I am a parent/legal guardian of \_\_\_\_\_  
("Student"). Attached is a copy of the so named Student's prescription to possess and use a quick relief inhaler.

I authorize the so named Student to possess and use quick relief inhaler in school and on field trips without supervision of the school nurse, or any other employee.

The school nurse shall make the assessment based upon the maturity and responsibility level of the said Student to carry the medication and administer as prescribed.

I release the District, the Board of Education, and District employees from any and all liability arising out of the Student's possession and use of the quick relief inhaler in school, or during any school activity.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse

\_\_\_\_\_  
Date