

CORPUS CHRISTI SCHOOL
907 NEW ROAD
WILMINGTON, DE 19805

FOR THE SCHOOL YEAR _____

_____ has permission to carry his/her inhaler with him/her at all times. His/Her physician has determined that is necessary for him/her to have the inhaler readily available. I understand that if my child does not use the medication responsibly and only as needed this privilege will be revoked. I further understand that a second inhaler must be kept in the health office for emergency use if the students' personal inhaler cannot be located quickly.

Parent Signature

Date

Physician Signature

Date