

**Asthmatic Self Possession**  
**Mount Pleasant Area School District**

In accordance with the Pennsylvania Department of Health (Pa. Law: Act 187), students with asthma are permitted to possess and use their asthmatic inhaler and prescribed medication, after demonstrating the capability for self-administration and for responsible behavior in its use. The School nurse has the ability to immediately confiscate both the asthma inhaler and the medication and loss of privileges if the school policies are abused or ignored.

I understand that carrying an asthma inhaler and medication requires the following responsibilities:

- The family provides appropriate documentations according to the Mount Pleasant Area School District Medication Guidelines.
- The Student will carry the asthma inhaler and medication to ensure availability at all times.
- Administration of the asthmatic medication is the responsibility of the student, following the prescribed medical orders.
- The student will notify the school nurse immediately following each use of the asthmatic inhaler and medication.
- The student does not share or make available the use of the asthma inhaler and the medication to any other person.

I hereby release the Mount Pleasant Area School District and all its employees from any and all responsibility for the benefits or consequences of the prescribed medication that my child may suffer as a result of the of this request. I acknowledge that the school nurse bears no responsibility for insuring that the medication is taken as prescribed by the licensed professional. This privilege will be revoked if school policies are abused or ignored. I give permission for my child to self carry all medications and supplies and I, along with my child agree to all adhere to the Mount Pleasant Area School District's Medication Guidelines.

\_\_\_\_\_  
Parental Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

Date: \_\_\_\_\_

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In accordance with the Pennsylvania Department of Health, I acknowledge that the student has and has permission for carrying and taking the medication through the use of the asthma inhaler. I have reviewed the Licensed Professional orders and give my written authorization for the above student to self carry.

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

Date: \_\_\_\_\_