



7th-12th GRADE-INHALER/RIGHT TO CARRY FORM

Willard High School-Fax#742-3667

Willard Middle School-Fax#742-3505

(Name of Student)

(Grade)

(Name of Physician)

(Physician Phone Number)

(Name of Medication)

(Dosage)

(PHYSICIANS SIGNATURE)

(DATE)

PHYSICIAN MUST SIGN FORM. THE INHALER MUST BE LABELED WITH STUDENT'S NAME AND KEPT WITH STUDENT AT ALL TIMES.