

INHALER AND EPIPEN PERMISSION FORM

Please complete this section if your child uses an inhaler or an EpiPen.

My child _____ has been instructed in the proper use of the inhaler/EpiPen.

I _____ (parent/guardian) request that my child be permitted to carry and self-administer his/her inhaler/EpiPen.

I _____ (parent/guardian) release Robotics And Beyond of any responsibility concerning the use of his/her inhaler/EpiPen.

Signature of Parent or Guardian: _____

Date: _____