



12801 West Fairmount Avenue  
Butler, Wisconsin 53007

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## EMERGENCY MEDICATION USE FORM

Parents/Legal Guardians:

Please ensure that all signatures necessary to implement this Emergency Medication Use Form are in place before submitting it to the school office.

Date \_\_\_\_\_

\_\_\_\_\_ has been instructed in the proper use of the  
following  
(Child's Name)

Emergency medication \_\_\_\_\_.

We, \_\_\_\_\_, and \_\_\_\_\_  
request (Physician) (Parent/Legal Guardian)

that \_\_\_\_\_ be permitted to carry the emergency  
medication (Child's Name)

on his/her person, or to keep same in his/her classroom or locker, as we consider this student to be responsible. He/she has been instructed in, and understands the purpose and appropriate method and frequency of use of this medication.

We, the undersigned physician and parent/legal guardian absolve the school and its employees, agents and officers of any responsibility in safeguarding our child's inhaler.

\_\_\_\_\_  
(Physician's Signature)

\_\_\_\_\_  
(Parent/Legal Guardian's Signature)

\_\_\_\_\_  
(School Principal's Signature)

\_\_\_\_\_  
(Homeroom Teacher's Signature)

Form 5140.2(c)

2011/2012