

**Diocese of Fort Worth  
Office of Catholic Schools**

**Nebulizer Designee Instruction Verification Form**

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

The adult designee(s) noted below has/have received instruction on how to perform nebulizer treatments on my child. The Diocese of Fort Worth Medication Permit is on file in the school clinic/office with the medication and all supplies required to do the treatment.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name and phone number of individuals I designate to perform a nebulizer treatment on my child.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

Attach this form to the student’s medication permit form.