

SELF-ADMINISTRATION OF PRESCRIPTION ASTHMA INHALER

I, the parent/guardian, give permission for my child to carry and self-administer his/her asthma medication while on school property or at a school-related event. I understand that:

- (1) The medicine has been prescribed for my child as indicated by the prescription label on the medicine;
(2) The self-administration is done in compliance with the prescription or written instructions from my child's physician or other licensed health care provider; and,
(3) I will provide to the school a signed, written statement from my child's physician or other health care provider allowing self-administration.

Student Name Physician/Health Care Provider
Name of Medication Dose/Frequency of Medication
Parent/Guardian Signature Date

PHYSICIAN STATEMENT ALLOWNG SELF-ADMINISTRATION OF ASTHMA MEDICATION

A student's physician statement must be kept on file in the office of the school nurse or principal of the campus the above named student attends. Please complete the following in order that the student may possess and self-administer his/her asthma medication.

Name of medication
Prescribed dosage
Purpose of medication
Time at which or circumstances under which medicine may be administered
Period of time for which medicine is prescribed

Yes No This student has asthma and is capable of safely and knowledgeably self-administering the prescription asthma medication listed above.

Physician's Printed Name Physician's Signature
Date Telephone Number

Each medication requires a separate permission form

IT IS STONGLY RECOMMEDND THAT AN INHALER ALSO BE KEPT IN THE SCHOOL NURSE'S OFFICE

