AUTHORIZATION FOR ASTHMA INHALER TO BE CARRIED BY STUDENT DURING SCHOOL HOURS

To: _____:
Name of building administrator/principal

Name:_____Grade_____must receive the following prescribed short acting, metered dose asthma inhaler to treat an acute asthma attack.

Name of medication:_____ Prescribed dosage: _____

Time Schedule:_____

Diagnosis or reason medication is needed:_____

Length of time prescribed inhaler is required: _____ days _____ months _____ indefinitely

Potential side effects of medication: _____

Emergency response in the event the inhaled medication is not effective _____

Student demonstrates ability to properly self administer inhaler medication (circle) YES NO

Student has permission to carry inhaler during school hours (circle) YES NO

_____
Signature of Physician (no stamped signature) Date

I do hereby release, discharge and hold harmless the McGuffey School District, its agents and employees, from any and all liability and claim whatsoever for the student self administering the above medication should the child develop a reaction from the medication. I also understand that any violation of school policy no. 210.1 (Possession/Use of Asthma Inhalers) will result in immediate confiscation of and the loss of the privilege for the child to carry/possess the asthma inhaler and medication during school hours.

_____
Parent Signature Date

Parent/Guardian:

In accordance to school policy 210.1 (Possession/Use of Asthma Inhalers), to self administer the asthma inhaler and medication the child must be able to: (Please initial each line if reviewed)

1. Respond to and visually recognize his/her name. _____
2. Identify his/her medication. _____
3. Demonstrate the proper technique for self administering the medication. _____
4. Inform the nurse immediately following each use of the asthma inhaler. _____
5. Demonstrate a cooperative attitude in all aspects of self-administration of the inhaler. _____

I have read and understand that my child must meet the above the criteria in order to have the privilege to carry his/her own asthma inhaler.

_____
Parent Signature Date

Child/Student Name: _____

In accordance to school policy 210.1 (Possession/Use of Asthma Inhalers), to self administer the asthma inhaler and medication the child must be able to: (Please initial each line if reviewed and understand)

1. Respond to and visually recognize his/her name. _____
2. Identify his/her medication. _____
3. Demonstrate the proper technique for self administering the medication. _____
4. Inform the nurse immediately following each use of the asthma inhaler. _____
5. Demonstrate a cooperative attitude in all aspects of self-administration of the inhaler. _____
6. I understand that my privilege to carry/possess my inhaler will be removed if the school's policy is violated or if any other student is found to have possession of my medication or if any other student's safety if placed at jeopardy due to my possession of my medication.

The above information has been reviewed with me and understand that I must meet the above the criteria in order to have the priveledge to carry my own asthma inhaler.

_____ _____
Student Signature Date Nurse's Signature Date