

Authorization of Administration of Inhaled Asthma Medications

School _____

Student's Full Name _____

Sex Male Female Date of Birth _____/_____/_____

For Completion by Physician

Physician's Name _____

Telephone Number (____) _____ Fax Number (____) _____ Emergency Number (____) _____

Name of Medication _____

Form _____ Dose _____

Is the child knowledgeable about his/her asthma medication? Yes No

Has the child demonstrated the proper technique in administering medication? Yes No

Medicine is administered daily. Yes No If yes, what time _____

Medicine is administered as needed. Yes No If yes, what are the indications _____

If needed, how soon can administration of medicine be repeated? _____

The medication can not be repeated more than _____

Side effects: _____

Comments: _____

I have instructed _____ in the proper way to use his/her inhaled asthma medication.

It is my professional opinion that he/she should be allowed to carry and use this inhaled medication by him/herself.

In my professional opinion _____ should not carry/administer the inhaler asthma medication by him/herself.

Physician's Signature _____ Date _____

For Completion by Parent

Mother's Name _____ Mother's Phone Number (____) _____ Mother's Work Phone (____) _____

Father's Name _____ Father's Phone Number (____) _____ Father's Work Phone (____) _____

Emergency Contact Name _____ Primary Phone Number (____) _____ Alt. Phone Number (____) _____

Is the child authorized to carry and self-administer inhaled asthma medication? Yes No

As a parent of the above named student, I ask that assistance be provided to my child in taking the medication indicated above at school by authorized staff. If self-medicating is allowed or if no authorized staff member is available, I ask that my child be permitted to self-medicate as authorized by the child's physician and myself. Authorization is hereby granted to release this information to any appropriate school personnel and teachers who interacts with my child.

Parent/Guardian Signature _____ Date _____