



THE PLACE TO BE

ADMINISTERING MEDICINES TO STUDENTS
AUTHORIZATION FOR STUDENT POSSESSION AND USE OF ASTHMA INHALER JHCD 2-E

A completed form must be provided to the building principal and school nurse before the student may possess and self-administer an asthma inhaler in the school to alleviate asthmatic symptoms, or before exercise to prevent onset of asthmatic symptoms.

Form with fields: Student's Name, Date of Birth, Grade

This section must be completed and signed by the parent or guardian.

As the parent/guardian of this student, I authorize my child to possess and self-administer an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

Form with fields: Parent/Guardian Signature, Date, Parent/Guardian Name, Parent/Guardian Emergency Telephone #

This section must be completed and signed by the medication prescriber.

Form with fields: Name and dosage of medication, Date medication administration begins, Date medication administration ends (if known), Procedure for school employees if the medication does not produce the expected relief

Possible severe adverse reactions:

Form with fields: To the student for which it is prescribed (that should be reported to the physician), To a student for which it is not prescribed who receives a dose, Special instructions

As the prescriber, I have determined that this student is capable of possessing and self-administering this asthma inhaler appropriately and have provided the student with training in the proper use of the asthma inhaler.

Form with fields: Physician signature, Date, Physician name, Physician emergency telephone number