



ADMINISTERING MEDICINES TO STUDENTS
AUTHORIZATION FOR STUDENT POSSESSION AND USE OF ASTHMA INHALER

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)

Form with field: 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

Form with field: 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: Licensed Medical Provider Signature, Date, Licensed Medical Provider Name, Licensed Medical Provider Emergency Telephone Number

(Approval date: March 28, 2023)
Lancaster city School District, Lancaster, Ohio