



Los Alamos Public Schools
 "We prepare confident, life-long learners."

Administration of Medication at School
Agreement for Self-Administration of Inhaler Medication

Date: _____ School: _____

Student _____ ID Number _____
Last First MI

Birth Date ____/____/____ Gender Male Female

Grade: _____ Home Room Teacher _____

Drug Allergies _____

Parent/Guardian: _____
Last First Relationship

Home Phone # _____ Cell Phone # _____ Work Phone # _____

My child's physician has completed a medication permission form indicating that he/she my self-administer a Metered Dose Inhaler (MDI) to treat an asthmatic condition. This form is currently on file in the school nurses office.

I give permission for my child, _____, to carry this MDI to school and to school activities in order to use this medication in an event of an asthma episode.

My child has been instructed in the proper use of the MDI and has demonstrated that he/she has the ability to properly administer this medication.

_____ also understands that this medication is not to be shared with others.

It is recommended that parents provide a back-up MDI to be kept in the nurse's office.

 Signature, Student Date

 Signature, Custodial Parent/Guardian Date

 Signature, School Nurse Date Received