

- Both the Healthcare Provider and the Parent / Guardian feel that the child has demonstrated the skills to carry and self-administer their quick-relief inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

Special Storage Instructions: _____

Start Date: _____

End Date: _____

Healthcare Provider

Name: _____

Date: _____

Phone: _____

Signature: _____

II. Parent / Guardian's Section

I hereby request and give my permission for school district personnel to administer this prescribed medication to my child in accordance with the specific written orders from our medical provider. I do hereby release all school employees and the Board of Education from liability for damages, illness, or injury resulting from either performing or not performing any assistance requested.

I am responsible for the delivery of this medication to the school clinic and will notify the school immediately if we change our medical provider or the need for this medication is discontinued.

I agree to submit a revised Request for Administration of Prescription and Nonprescription Medication by School Personnel Form if any changes are made regarding the above medication.

A new Asthma Action Plan and Orders must be submitted each school year.

I understand this medication can only be administered to my child by a school nurse or myself until medically unlicensed staff in my child's school have completed the required District training. In the absence of a medically licensed person, such as a school nurse, only designated, trained staff are authorized to perform this task.

If this medication is required for extracurricular activities, I agree to provide a separate dose to school staff supervising my child's extracurricular activities.

I consent to communication between the prescribing health care provider or clinic, the school nurse, and school-based health clinic providers as necessary for medical management.

Any medication remaining after 5 days from the last day of school for students will be discarded.

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| Parent / Guardian Signature: | | Date: | |
| Home Address: | | Phone: | |