



Home of the New Braunfels Unicorns!

NEW BRAUNFELS INDEPENDENT SCHOOL DISTRICT

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Possession and Self-Administration of Asthma Inhaler

_____ (Student's name) has been instructed in the proper use of his/her inhaler. He/She will be permitted to keep on his/her possession, as we consider him/her responsible. He/She has been instructed in and understands the purpose and appropriate method and frequency of use of his/her inhaler. He/She understands that misuse of the inhaler will revoke permission to self-administer the inhaler and will then require monitoring by the school nurse.

Name and purpose of medication: _____

Prescribed dosage of the medication: _____

Time at which, frequency or circumstance under which the medication may be self-administered:

Time period for which the medicine is prescribed: _____

Physician:

I have instructed _____ (student's name) in the proper way to use of his/her medications.

- **It is my professional opinion that this student can carry and self-administer his/her inhaler while on school property or at school related events (CHECK ONE).**

YES ☐

NO ☐

Additional Instructions: _____

Physician's Signature

Date

Parent:

We the undersigned, absolve the school of any responsibility in safeguarding our child's inhaler. We will not hold NBISD employees liable for any adverse reaction, allergic reaction, or side effects my child could have due to taking this medication. I understand that a second inhaler should be kept in the nurse's office.

Parent's/Guardian Signature

Date

Student:

I agree to abide by my physician instructions and understand the guideline set by the school. I will contact the nurse within 15 minutes if symptoms continue after using my inhaler.

Student's Signature

Date

This form is to be kept on file by the school nurse.

SelfAdmInhalerN76

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