

Lisbon Exempted Village School District

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Ohio Department of Health

Authorization for Student Possession and Use of an Asthma Inhaler

In accordance with ORC 3313.718/3313.141

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

Student Name	Grade
Student Address	DOB

This section must be completed and signed by the student's parent/guardian.

1. I authorize a designated employee of the school board to administer the prescribed medication as ordered for my child.
2. I authorize the school nurse to talk with the prescriber or pharmacist should a question come up about the medication.
3. I understand that the medication must be in the original container and be properly labeled by a pharmacy.
4. It is my responsibility to ensure an inhaler is with my child on field trips when the nurse has not been supplied with one for school.

Parent/Guardian Signature	Date
Parent/Guardian Name	Parent/Guardian Emergency Telephone Number ()

Self Carry Authorization

Parent must complete this section to allow their child to self-carry their asthma inhaler.

1. I authorize and recommend self-medication by my child for the prescribed listed medication.
2. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her prescriber.

Parent/Guardian Signature	Date
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This section must be completed and signed by the medication prescriber.

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)

Circumstances for use of the asthma inhaler
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief.

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the prescriber)
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 using this asthma inhaler appropriately and have provided the student with training in the proper use of the asthma inhaler.

Prescriber Signature	Date
Prescriber Name	Prescriber Emergency Telephone Number ()

Developed in collaboration with the Ohio Association of School Nurses.