

**PORT NECHES-GROVES ISD
HEALTH SERVICES**

Physician's Request for Self Administration of Asthma Inhalers

Student's Name _____ Date of Birth _____

School _____

Condition for which drug is to be given: _____

Diagnosis: _____

Medication: (Include name of medicine, dosage, special instructions, possible reactions, if any, etc.): _____

MEDICATION MUST BE SENT TO SCHOOL IN ORIGINAL CONTAINER AND PROPERLY LABELED.

Qualified students will be allowed to carry their inhalers at the parent/physician request provided:

1. he/she demonstrates to the nurse the correct use of the inhaler
2. inhaler must be in the original container and properly labeled
3. agree after two puffs, if there is not marked improvement, he/she will see the nurse immediately
4. agree never to share the inhaler with another person or misuse inhaler

A spare inhaler provided by the parent is recommended to keep in the health clinic should the student forget theirs or runs out. Medication may be administered by a medically untrained designate of the school principal. PNGISD or its employees cannot assume responsibility regarding self-administration, adverse reactions or misuse of asthma inhalers.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Phone _____ Cell Phone _____ Business Phone _____

Physician's Signature _____ Date _____

Print Physician's Name _____ Phone _____

School Nurse _____ Date Filed in Office _____