

**BOWLING GREEN CITY SCHOOLS**  
**Ohio Department of Health**  
**Authorization for Student Possession and Use of an Asthma Inhaler**  
 In accordance with ORC 3313.716/3313.14

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
Student address

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

*As the Parent/Guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.*

Parent/Guardian SIGNATURE	Date
Parent/ Guardian Printed Name	Parent/Guardian Emergency Phone Number (       )

**This section must be completed and signed by the student's physician.**

Name and Dosage of Medication	
Date Medication Administration Begins	Date Medication Administration Ends (if known)

Procedures for school employees if the medication does not produce the expected relief:  _____
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**Possible severe adverse reactions:**

To the student for which it is prescribed (that should be reported to the physician)
To a student for which it is NOT prescribed who receives a dose:

Special Instructions:  _____
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Physician SIGNATURE	Date
Physician Printed Name	Physician Emergency Phone Number (       )

Copy: Building Principal  
 School Nurse (assigned to the student's building)