

Tri-Valley Local Schools

In accordance with ORC 3313.713/3313.716

Authorization for Student Possession and Use of an Asthma Inhaler/Nebulizer Machine

This section must be completed by and signed by the parent/guardian. A completed form must be provided to the school principal and/or nurse before the student may possess or use in the presence of designated school personnel.

Student Name	Address	
School	Grade	Birthdate

As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler/nebulizer machine, as prescribed per physician, at the school and any activity, event, or program sponsored by the school. The medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration.

I will assume responsibility for safe delivery of the medication to the school.

I will notify the school immediately if there is any change in the use of the medication or prescribed treatment.

I will release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability, foreseeable or unforeseeable, for damages or injury resulting directly or indirectly from this authorization

Parent/Guardian Signature	Date
Parent/Guardian Name Printed	Parent/Guardian Emergency Telephone #

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

Name and dosage of medication. Times and intervals to administer medication.

Date medication administration begins: _____ Date medication administration ends: _____

Physician to order how asthma inhaler is administered: **Please check only one!**

1. Asthma inhaler stays in the clinic and is administered by designated personnel _____
2. Student carries asthma inhaler and self administers medication per ORC 3313.716 _____ *If this is selected, best practice recommends back up asthma inhaler be kept in the office.*

If #2 above is selected, I, the prescriber, 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 inhaler.

Procedures for school employees to follow in the event the asthma medication does not provide the expected relief:

Special instructions from the physician/prescriber:

Possible severe adverse reactions:

A. That may occur to student using the inhaler that should be reported to the prescriber:

B. That may occur to another student for whom the inhaler is not prescribed, should such a student receive a dose of the medication:

Physician signature	Date
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Physician Name Printed	Physician Emergency Phone Number
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Office use only: Medication will be administered by staff listed on medication administration designation list.

Reviewed by authorized medication administrator _____ Copy to Teacher(s) _____

Student Information Entry _____ Reviewed by Nurse _____

Original Order to Nurse _____ Date _____