

HEALTH REQUIREMENTS AND SERVICES
MEDICAL TREATMENT

FFAC
(EXHIBIT)B

**INHALER
STUDENT SELF-MEDICATE**

Student Name: _____ ID: _____ Birth Date: _____

Campus: _____ Grade: _____

Teacher: _____

Medication administered to a student at school shall be under the supervision of an appointed school employee or the student's parent/guardian. However, a student may maintain possession of an inhaler and self-administer the medication only with the formal requests of the student's physician, and assessment of proper use and care of his/her inhaler by the school nurse.

Statement of Physician:

I have determined the above named student should have _____
Medication available. Therefore, I recommend he/she be allowed to maintain possession of this
prescription at school. I have instructed the student in the appropriate and proper use of the medication.
Physician's signature _____

Date _____

Statement of Parent/Guardian:

I have determined that my student has received and understands the instructions on the proper use of this
medication. I further declare he/she is capable and trustworthy to be responsible in the appropriate and
proper use of the medication, and will always not abuse the right to have the medication in his/her
possession. I also understand that unauthorized use will result in the medication being stored in the
school health office and administered according to the Administrative Regulation FFAC and that sharing
medication with other students is potentially dangerous and will result in disciplinary action..

Parent/Guardian signature _____

Date _____

Statement of Student:

- I understand the purpose, appropriate method, and frequency of use of this inhaler. I understand that I, not the school, am responsible for the storage, possession, and use of the inhaler. I understand that sharing medication with other students is potentially dangerous and will result in disciplinary action.

Student signature _____ Date _____

Statement of Nurse:

The above-named student has demonstrated the proper use and care of his/her inhaler for the campus nurse.

School Nurse Signature: _____ Date _____