



Worthington Schools

Inhaler Self Administration

Authorization Form

Student Name: _____ Date: _____

Address: _____

Medication name: _____ Dosage: _____

Common triggers for student's asthma attack:

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack:

Other medications routinely taken for asthma:

Special Instructions:

This student has received training to use the inhaler appropriately and is capable of possessing and using it appropriately. YES _____ NO _____

Physician and Parent/Guardian names, signature and emergency phone numbers:

Physician Name: _____ Phone: _____

Signature: _____ Date: _____

Parent/Guardian: _____ Phone: _____

Signature: _____ Date: _____

**Copies must be provided to the school.