

No.

Pennridge School District

ADMINISTRATIVE PROCEDURES

REFERENCE: POLICY
SELF-ADMINISTRATION OF ASTHMA
INHALER MEDICATION

DATE:

Self-Administration of Asthma Inhalers

Students are permitted to carry properly labeled asthma inhalers. The student/parent must provide the school nurse with a completed **Asthma Medication Protocol Form**. This form contains a written statement and directives from the physician regarding the drug, dosage, and other pertinent information.

The student must provide the school nurse with a signed **Student Agreement Regarding Self-Administration of Asthma Inhaler Medication Form**. By signing this form, the student agrees to abide by the approved procedures and has demonstrated proper self-administration and use to his/her physician and his/her parent/guardian.

The parent/guardian must provide the school nurse with a signed **Parent/Guardian Agreement Regarding Self-Administration of Asthma Inhaler Medication Form**. By signing this form, the parent/guardian releases the school of responsibility from all claims of liability and that the school has no responsibility that the medication is taken.

PENNRIDGE SCHOOL DISTRICT
ASTHMA INHALER MEDICATION SELF-ADMINISTRATION PROTOCOL

Student's Name: _____ Section/Grade: _____

School: _____ School Year: _____

Parent/Guardian Name: _____ Parent/Guard Phone#: _____

Emergency Contact: _____ Emergency Phone: _____ Cell Phone#: _____

Physician's Name: _____ Physician's Phone #: _____

In order to effectively manage your child's asthma during the school day, your physician must complete this asthma form.

Type of Asthma/Diagnosis: _____

Asthma aggravated by: Allergies: _____ Exercise: _____ Weather: _____ Other: _____

Medications: _____

Dosage: _____

Time(s) to be taken: _____

Frequency of additional doses (list): _____

Potential side effects/reactions (list): _____


Allergies: _____


Other Medications Taken: _____

Duration of medication administration: Ongoing: _____ Discontinue after (Date): _____

Specific instructions for treatment of an acute asthmatic episode: _____

List restrictions related to participation in sports and school activities: _____

 Permission to carry inhaler medication on person: Yes: _____ No: _____

 Student is capable of self-administration and has demonstrated responsible behavior regarding the use of the inhaler: Yes: _____ No: _____

Physician's Name: _____ Telephone Number: _____

Physician's Signature: _____ Date of Last Visit: _____

Parent/Guardian's Signature: _____ Date: _____

THIS FORM MUST BE UPDATED EVERY SCHOOL YEAR EVEN IF THERE ARE NO CHANGES

The reverse side of this form (Student and Parental Agreements) must be completed for self-administration of asthma medication/inhalers only.

**STUDENT AGREEMENT REGARDING SELF-ADMINISTRATION OF
ASTHMA INHALER MEDICATION**

- I have demonstrated proper self-administration and use of the inhaler to my physician and my parent/guardian.
- I agree NEVER to share the inhaler with another person.
- I agree to report each occasion of use of the inhaler to the school health personnel/designee.
- I agree to come directly to the Nurse's Office if I continue to have difficulty with breathing, wheezing, or chest tightness after using the inhaler.
- I understand if I do not follow the provisions of this policy, I may lose the privilege of carrying the asthma medication.

STUDENT'S SIGNATURE: _____

DATE: _____

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**PARENT/GUARDIAN AGREEMENT REGARDING SELF-ADMINISTRATION
OF ASTHMA INHALER MEDICATION**

- My child will be responsible for carrying his/her asthma inhaler and will self-administer. He/she has demonstrated proper self-administration and use to me and to his/her physician.
- My child agrees to follow the district's procedures concerning the handling and administration of this medication.
- I understand it would benefit my child for the School Nurse to be supplied with back up medication in the event the medication is lost or misplaced.
- I acknowledge that the Pennridge School District bears no responsibility for ensuring that the medication is taken.
- I agree to release the Pennridge School District and its school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of asthma medication.

PARENT/GUARDIAN'S SIGNATURE: _____

DATE: _____