

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 symptoms, or before exercise to prevent the onset of asthmatic symptoms

Student's name:

Student address:

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

As the Parent/Guardian of this student, 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 Name:

Parent/Guardian emergency telephone number:

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

Name and dosage of medication:

Date medication administration begins:

Dated medication administration ends (if known)

Procedures for school employees if the medication does not produce the expected relief

Possible severe adverse reactions:

To student for which it is prescribed (That should be reported to the physician)

To a student whom it is **not** prescribed who receives a dose:

Special Instructions:

Physician signature:

Date:

Physician Name:

Physician emergency telephone number:

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[Adoption date: May 16, 2007]

Adapted from the Ohio Association of School Nurses