pace
Learning Redefined

2432 Greensburg Pike,
Pittsburgh, PA 15221

Phone 412.244.1900
Fax 412-244-1902

Health Office Phone 412-342-4317
www.paceschool.org

AUTHORIZATION FOR ADMINISTRATION OF INHALED ASTHMA MEDICATION

Effective 2025/2026 School Year

including Extended School Year (ESY) 2026

Student Name: _____ D.O.B.: ___/____/____

FOR COMPLETION BY PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT

Physician's Name: _____ Phone: _____
Address: _____ Fax: _____
Diagnosis: _____
Medication: _____ Strength: _____
Form: **(PLEASE CIRCLE)** **Multi Dose Inhaler** **Nebulizer** Dose: _____
Time/Frequency of Administration: _____ DAILY BEFORE EXERCISE PRN
(PLEASE CIRCLE ALL THAT APPLY)
Indications for medication administration: Wheezing Shortness of Breath Coughing Chest Tightness
(PLEASE CIRCLE ALL THAT APPLY)
Other indications: _____
If needed, how soon can the administration of the medicine be repeated: _____
The medication cannot be repeated more than:_____
Side Effects: _____
Comments: _____

Physician Signature: _____ **Date**: ____/____/____

FOR COMPLETION BY PARENT/LEGAL GUARDIAN

I, _____, hereby authorized the designated staff person at Pace School
(Print Parent/Legal Guardian Name)
to assist my child with the administration of the specified medication where a dosage during school hours is indicated during the current school year.

Parent/Legal Guardian Signature:_____ **Date:** ____/____/____

Student Signature (if 14 years old or older):_____ **Date:** ____/____/____

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ORAL AUTHORIZATION – NOT APPLICABLE TO HIV RELATED INFORMATION

I witness that the person understood the nature of this consent and freely gave his/her oral authorization. (Two witnesses are required)

Name of person giving oral authorization: _____

Relationship: _____ Date: _____

Witness #1: _____ Date: _____

Witness #2: _____ Date: _____

The Parent/Legal Guardian was informed that a two person verbal consent may be obtained by the nurses initially to administer medications but the Parent/Legal Guardian are still required to sign the Permission to Administer Medication During School Hours form as soon as possible.