

PERMISSION FOR STUDENT TO SELF-ADMINISTER MEDICATION BY
METERED-DOSE INHALER FOR SCHOOL YEAR _____



Student's Full Name _____ Date of Birth _____ Grade _____

Parent/Guardian Name & Phone Number(s) _____

Emergency Contact & Phone Number(s) _____

To be Completed by Physician/Licensed Prescriber

Physician/Licensed Prescriber's Name _____ Phone _____ Fax _____

Medication Name _____ Dose _____

Diagnosis _____ Medication is administered daily Yes No If yes, what time(s) _____

Medication is administered as needed Yes No If yes, administer for Wheezing Shortness of Breath Cough

Chest Tightness Before Exercise Other _____ Asthma Action Plan Attached Yes No

If needed, how soon can medication be repeated? _____ The medication cannot be repeated more than _____.

_____ (student) has been instructed in the proper way to use his/her inhaled asthma medication and not to share medication with others. It is my professional opinion that he/she should be allowed to self-carry and use this inhaled medication as prescribed if needed to alleviate symptoms or prior to exercise.

Physician's Signature _____ Date _____

To be Completed by Student

I hereby certify the following:

- I _____ ("Student") plan to keep my inhaled asthma medication with me at school rather than in the school health office.
- I agree to use my inhaled asthma medication in a responsible manner, in accordance with my physician's orders.
- I will notify the school health office if I am having more difficulty than usual with my asthma.
- I will not allow any other person to use my inhaled asthma medication.

Student's Signature _____ Date _____

To be Completed by Parent/Guardian

I hereby certify the following:

- I _____, am the parent or legal guardian of _____ ("Student"), a student in the Wright City School District ("District"), and am legally authorized to make educational and health care decisions for the Student.
- I hereby give my permission for the Student to retain in his/her possession metered-dose inhaler, and to self-administer medication from such inhaler. This permission shall be effective during the school day; on school property, including but not limited to a school bus; and at all school activities, whether on or off school property or occurring during the regular school day.
- I have provided the District with a written medical history of the Student's experience with asthma or other potentially life-threatening respiratory illness ("Condition") and a plan of action for addressing any emergency situations that could reasonably be anticipated as a consequence of administering the medication and having the Condition.
- I have provided the District with written certification from the Student's physician, stating that the Student (a) has the aforementioned Condition and (b) is capable of, and has been instructed in, the proper method of self-administration of medication and informed of the dangers of permitting other persons to use the medicine prescribed for the Student.
- I understand that the District and its employees or agents may disclose information provided in accordance with the foregoing paragraphs to administrators, school nurses, teachers, and other school employees as may be

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necessary to protect the health of the Student and to establish that the Student has been authorized to self-administer medication by means of a metered-dose inhaler, and shall incur no liability for the disclosure of such information.

- I understand that the District and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the Student, and that I shall be required to indemnify and hold harmless the District and its employees or agents against any claims arising out of the self-administration of medication by the Student.
- I understand that this permission form is effective for the school year for which it is granted, and that a new permission form and supporting documentation as described above, must be submitted for each school year.
- I agree to supervise that my child carries his/her rescue inhaler, that the expiration date on the device is current, and that the device is labeled with the student's name and prescription label.
- It has been recommended to me that a back-up rescue inhaler be provided to the Health Office for emergencies.
- I have been advised to provide a complete Asthma Action Plan from our physician.
- I will review the status of my student's asthma with my student on a regular basis.
- My student will regularly carry his/her inhaler carry inhaler to the track and/or on field trips carry to transport inhaler to/from school.

Signature of Parent/Guardian _____ Date _____

To be Completed by School Nurse

- The above "Student" has demonstrated correct technique for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pretreatment with an inhaler prior to exercise.
- School staff that have the need to know about the "Student's" condition and the need to carry medication have been notified.
- Approved by School Nurse
 - Yes
 - No

Signature of School Nurse _____ Date _____