Owatonna Public Schools
Health Services
(OHS and OMS Only)

Parent/Guardian Authorization for Student Self-Administration of Asthma Inhaler for Asthma or Reactive Airway Disease

(to be completed annually)

Student Name: _____

Parent(s)/Guardian: _____

School: _____ School Year: _____

Name of Prescription Inhaler: _____ Student's Physician: _____

Order for Use: _____ Lot #_____ Exp. Date: _____

1. I authorize my child to self-administer the above named medication during school hours as prescribed by the physician and am requesting the school health service office not administer the medication.
2. I understand my child will carry this medication at school.
3. I also understand my child is entirely responsible for the use of this medication and school personnel will not monitor actual use of this medication.
4. I release all school personnel and I.S.D. #761 from all liability in the event of any adverse reaction from the use or administration of this medication. I hold all school personnel and I.S.D. #761 harmless from any liability resulting from allowing my child to self-administer medications during school hours.
5. I will notify the school of any change in the medication(s).
6. I give my permission for Owatonna School District staff to consult with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).

_____ _____
(Parent/Guardian Signature) (Date)

Asthma Inhaler Law Overview-effective August 1, 2002

Minnesota Statutes 2001, Section 121A.22 (summary from the Minnesota American Lung Association)

The Minnesota Legislature enacted language during the 2001 session that allows public elementary and secondary school students to possess and use inhalers prescribed for asthma or reactive airway disease. The following is an overview of the requirements that must be met before a student is given permission to carry and self-medicate asthma medication in school:

- The parent has not requested that school personnel administer the student's asthma medication; and
- The school district receives annual written authorization from the student's parent for the student to self administer; and
- The inhaler is properly labeled for that student; and
- The school nurse or other appropriate party assesses the student's knowledge and skills to safely possess and use his/her inhaler in a school setting and enters a plan to implement safe possession and use of the inhaler into the student's school health record.

I have assessed the above student has adequate education and knowledge of the use of the above inhaler and can safely possess his/her asthma inhaler in the school setting.

_____ _____
Signature of Nurse *Title* *Initials* *Date*

Owatonna Public Schools
Health Services

Student Self Administration Of Prescription Inhalers for Asthma or Reactive Airway Disease

(to be completed annually)

Student: _____ **Date of Birth:** _____
Parent(s)/Guardian: _____
School: _____ **School Year:** _____
Name of Prescription Inhaler: _____
Medical Diagnosis for Use of Inhaler: _____
Order for Use: _____
Labeling of inhaler: Student Name: _____
Medication: _____
Dose: _____

Assessment of Knowledge and Skill in inhaler use:	**Date/Nurse Initials**
Student's actual use:	_____
Remove cap:	_____
Shake Inhaler:	_____
Tilt head slightly back and breathe out:	_____
Position inhaler one of the following ways:	
● Open mouth and hold inhaler 1-2 inches away	_____
● Use spacer	_____
● Put in mouth	_____
Press down on inhaler to release medication as you start to breathe in slowly:	_____
Breath slowly for 3-5 seconds:	_____
Hold breath for 10 seconds (to allow for medication to reach lungs):	_____
Repeat as directed waiting at least one minute between puffs:	_____
Identify expiration date:	_____
Identify how determine inhaler empty:	_____
Notification of student's teacher(s):	_____

Identification of student's plan if inhaler does not reduce asthma symptoms:

_____

_____

Check List for Nurse to Assure Compliance:	**Date/Nurse Initials**
● Written Authorization from parent for self administration	_____
● Parental request that school <u>not</u> administer the medication	_____
● Prescription inhaler properly labeled for the student	_____
● Assessment by nurse of the student's knowledge and skill to safely possess and use an asthma inhaler	_____
● Plan for student's safe possession and use of asthma inhaler	_____

I feel in my judgment the above student has adequate knowledge of the use of the above inhaler and can safely possess his/her asthma inhaler in the school setting.

_____ _____
Signature of Nurse *Title* *Initials* *Date*

_____ _____
Signature of Nurse *Title* *Initials* *Date*