

INHALED MEDICATION ADMINISTRATION FORM (SELF-ADMINISTRATION)

Student's Name: _____ DOB: _____

Student's Teacher _____ School: _____ Grade: _____

Parent/Guardian Name: _____ Emergency Tel# _____

Name of Medication: _____

Please list all medications student is taking at home (Prescription and Over-the Counter medications):

To be completed by health care provider:

Diagnosis/Condition: _____

Asthma Triggers: _____

Please list any other medical conditions requiring medication, if not a violation of confidentiality or if not contrary to the request of parents/guardian to keep confidential:

DOSE to be given at school and ROUTE: _____

FREQUENCY and TIME (s) to be given at School: _____

Specific recommendations for administration: _____

Special side effects, contraindications and adverse reactions of this medication to be observed for:

Dates to be given at school _____ or _____ 20__-20__ school year

It is my professional opinion that _____ has the knowledge and skills to safely possess and use an inhaler in school and should be allowed to carry and use that medication by himself/herself without supervision.

Lic. Prescriber's Signature: _____ Date: _____

Lic. Prescriber's Name (please print): _____

Business Telephone: _____ Emergency Telephone: _____

PARENT/GUARDIAN AUTHORIZATION

Yes No I give my permission for release/exchange of pertinent information between the school nurse and the lic. Prescriber's office by telephone, mail or electronic exchange regarding all of the above medical/ medication information concerning my child.

Yes No I give my permission for other school personnel to be notified of the medication and any adverse effects.

Signature of Parent/Guardian _____ Date: _____

My child has been instructed in the proper way to use his/her medications and should be allowed to carry and use that medication by himself/herself without supervision and I give my child permission to do so.

Signature of Parent/Guardian _____ Date: _____

Parent will provide backup inhaler to be kept in Health Office YES NO _____
Parent initials