



ONTARIO-MONTCLAIR SCHOOL DISTRICT
Health Services
PARENT REQUEST for SCHOOL ASSISTED PROCEDURE
NEBULIZER BREATHING TREATMENT

School Phone # _____
School Fax # _____

This form must be completed before any medication/procedure can be given, or taken, at school.
Signatures of both physician and parent/guardian are required. This form must be renewed annually or with any change in order.

Student Name: _____ Date of Birth _____

Diagnosis: _____

Medication: _____

Route: Inhale: Other: _____

Dosage: _____

If as needed (PRN) – Frequency every _____ hour.

Other instructions if needed (e.g. signs/symptoms for usage, special storage, adverse reactions):

Physician Signature: _____ Date: _____

Physician Name: (stamp) _____

Address: _____ Phone: _____

City: _____ Zip: _____

Parents Signature: _____ Date: _____ Phone Number: _____

All medication orders will be automatically discontinued at the end of the school year. New orders are required each school year.

California Education Code section 49423 provides that any pupil who is required to take, during the regular school day, medication prescribed for him by a physician, may be assisted by the school nurse or other designated school personnel if the school district receives (1) a written statement from such physician detailing the method, amount, and time schedules by which such medication is to be taken and (2) a written statement from the parent or guardian of the pupil indicating the desire that the school district assist the pupil in the matters set forth in the physician's statement.

California Education Code section 49423 © a pupil may be subject to disciplinary action pursuant to Section 48900 if that pupil uses an inhaler or auto-injectable epinephrine in a manner other than as prescribed.