

Owatonna Public Schools

Health Services

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

(to be completed annually)

Student Name: _____ Date of Birth: _____

Parent/Guardian: _____

School: _____ School Year: _____

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

Instructions/Order for Use: _____ 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)

Student Self Administration Agreement and Checklist

Student Agreement: I will responsibly carry the above named medication for self-administration. I will not exceed the dosage recommendations by the physician. I will not share the medication with other students. I understand that the school district may revoke this privilege if it determines that I am abusing the privilege.

(Student Signature)

(Date)

Assessment of Knowledge and Skill in inhaler use:

Date/Nurse Initials

Labeling of inhaler: Student Name: _____

Medication: _____

Dose: _____

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:

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:

<u>Check List for Nurse to Assure Compliance:</u>	<u>Date/Nurse Initials</u>
• Written Authorization from parent for self administration	_____
• Parental request that school <u>not</u> administer the medication	_____
• Prescription inhaler <i>properly labeled</i> 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.

_____	_____	_____	_____
<i>Signature of Nurse</i>	<i>Title</i>	<i>Initials</i>	<i>Date</i>