



2432 Greensburg Pike,
Pittsburgh, PA 15221

Phone 412.244.1900
Fax 412-244-1902

Health Office Phone 412-342-4317
www.paceschool.org

AUTHORIZATION FOR ADMINISTRATION OF INHALED ASTHMA MEDICATION
Effective 2026/2027 School Year
including Extended School Year (ESY) 2027

Student Name: _____

D.O.B.: ____/____/____

FOR COMPLETION BY PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT

Physician's Name: _____ Phone: _____

Address: _____ Fax: _____

Diagnosis: _____

Medication: _____ Strength: _____

Form: **(PLEASE CIRCLE)** **Multi Dose Inhaler** **Nebulizer** Dose: _____

Time/Frequency of Administration: _____ DAILY BEFORE EXERCISE PRN
(PLEASE CIRCLE ALL THAT APPLY)

Indications for medication administration: Wheezing Shortness of Breath Coughing Chest Tightness
(PLEASE CIRCLE ALL THAT APPLY)

Other indications: _____

If needed, how soon can the administration of the medicine be repeated: _____

The medication cannot be repeated more than: _____

Side Effects: _____

Comments: _____

Physician Signature: _____ **Date:** ____/____/____

FOR COMPLETION BY PARENT/LEGAL GUARDIAN

I, _____, hereby authorized the designated staff person at Pace School
(Print Parent/Legal Guardian Name)

to assist my child with the administration of the specified medication where a dosage during school hours is indicated during the current school year.

Parent/Legal Guardian Signature: _____ **Date:** ____/____/____

Student Signature (if 14 years old or older): _____ **Date:** ____/____/____



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ORAL AUTHORIZATION – NOT APPLICABLE TO HIV RELATED INFORMATION

I witness that the person understood the nature of this consent and freely gave his/her oral authorization.
(Two witnesses are required)

Name of person giving oral authorization: _____

Relationship: _____ Date: _____

Witness #1: _____ Date: _____

Witness #2: _____ Date: _____

The Parent/Legal Guardian was informed that a two person verbal consent may be obtained by the nurses initially to administer medications but the Parent/Legal Guardian are still required to sign the Permission to Administer Medication During School Hours form as soon as possible.