



SELF-ADMINISTRATION OF ASTHMA INHALER

_____ (Student's name) has been instructed in the proper use of his/her _____ inhaler. He/She will be permitted to keep on his/her possession, as we consider him/her responsible. He/She has been instructed in and understands the purpose and appropriate method and frequency of use of his/her inhaler. He/She understands that misuse of the inhaler will revoke permission to self-administer the inhaler and will then require monitoring by the school nurse.

Name and purpose of medication _____

Prescribed dosage of the medication _____

Time at which, or frequency of circumstances under which the medication may be self-administered _____

Time period for which the medication is prescribed _____

PHYSICIAN:

I have instructed _____ (student's name) in the proper way to use his/her medications. It is my professional opinion that _____ should be allowed to carry and self-administer his/her inhaler while on school property and at school related events.

Physician's Signature Date:

PARENT:

We the undersigned, absolve the school of any responsibility in safeguarding our child's inhaler.

Parent's/Guardian's Signature Date:

STUDENT:

I agree to abide by my physician's instructions and understand the guideline set by the school.

Student's Signature Date:

This form is to be kept on file by the school nurse. Date Filed: _____