

# HUNTINGDON SPECIAL SCHOOL DISTRICT HEALTH SERVICES

Authorization for student to carry a prescribed asthma inhaler or for child  
to be assisted with use of inhaler

Option 1. If carrying inhaler on self.

\_\_\_\_\_ My child \_\_\_\_\_ needs to carry the following  
prescription labeled inhaler with him/her so that it is immediately accessible  
whenever needed.

1. My child has demonstrated correct use of the inhaler and follows  
prescribed medication orders.
2. My child agrees to never share the inhaler with another.
3. My child knows if there is not marked improvement after using inhaler  
he/she will go to school nurse.
4. I understand that the parent/guardian accepts the legal responsibility  
should the inhaler be lost, given, or taken by a person other than the  
above named student.
5. I understand that Huntingdon Special School District has no legal  
responsibility when the above named student administers his/her own  
medication.

Option 2. If staff will keep inhaler and assist in use of inhaler.

\_\_\_\_\_ My child \_\_\_\_\_ will be assisted with use of  
inhaler. Inhaler will be kept with teacher. The medication will be  
administered properly, under adult supervision, in the correct dosage, and a  
record kept.

Name of medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Frequency of use: \_\_\_\_\_ Prescribing physician: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_