INHALED MEDICATION ADMINISTRATION FORM (SELF-ADMINISTRATION)

Student's Name:_____ DOB: _____

Student's Teacher_____

School: _____ Grade:_____

Parent/Guardian Name:_____Emergency Tel#_____

Name of Medication**:**_____

Please list all medications student is taking at home (Prescription and Over-the Counter medications):

_____

_____

To be completed by health care provider:

Diagnosis/Condition:

_____

Asthma
Triggers:_____

Please list any other medical conditions requiring medication, if not a violation of confidentiality or if not contrary to the request of parents/guardian to keep confidential:

_____

DOSE to be given at school and ROUTE:

_____

FREQUENCY and TIME (s) to be given at School:

_____

Specific recommendations for administration:

_____

Special side effects, contraindications and adverse reactions of this medication to be observed for:

_____

Dates to be given at school _____ or _____
20__-20__ school year

It is my professional opinion that _____ has the knowledge and skills to safely possess and use an inhaler in school and should be allowed to carry and use that medication by himself/herself without supervision.

Lic. Prescriber's Signature: _____ Date: _____

Lic. Prescriber's Name (please print):_____

Business Telephone: _____ Emergency Telephone: _____

PARENT/GUARDIAN AUTHORIZATION

Yes No I give my permission for release/exchange of pertinent information between the school nurse and the lic. Prescriber's office by telephone, mail or electronic exchange regarding all of the above medical/ medication information concerning my child.

Yes No I give my permission for other school personnel to be notified of the medication and any adverse effects.

Signature of Parent/Guardian_____ Date: _____

My child has been instructed in the proper way to use his/her medications and should be allowed to carry and use that medication by himself/herself without supervision and I give my child permission to do so.

Signature of Parent/Guardian _____Date: _____

Parent will provide backup inhaler to be kept in Health Office: YES NO _____
Parent initials

SAU Policy Committee: Adopted – October 15, 2020

Clarksville School Board: Adopted – December 14, 2020
Colebrook School Board: Adopted – December 15, 2021
Columbia School Board: Adopted – January 6, 2021
Pittsburg School Board: Adopted – December 1, 2020
Stewartstown School Board: Adopted – January 12, 2021