

INHALED MEDICATION ADMINISTRATION FORM – Side 1

Student Name _____ Date of Birth _____

Teacher _____ Grade _____

Parent/Guardian Name _____ Phone _____

Work phone _____ Cell phone/pager _____

TO BE COMPLETED BY PRESCRIBER:

Diagnosis/Condition _____

MEDICATION to be given at school: _____

DOSE _____ ROUTE _____

FREQUENCY _____ TIME(S) _____

Specific recommendations for administering _____

Contraindications, Adverse Reactions, +/- Side Effects _____

Effective dates: _____ (if none given, will be for school year)

Please list all medications (prescription plus over-the-counter) the student is taking:

I have instructed _____ in the correct way to use the above medication.

Circle one: YES NO

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

Circle one: YES NO

Licensed prescriber's signature _____ Date _____

Licensed prescriber's printed name _____

Business Phone _____ Emergency phone _____

INHALED MEDICATION ADMINISTRATION FORM – Side 2

TO BE COMPLETED BY PARENT/GUARDIAN – Please complete all parts and sign below

Pharmacy _____ Prescription # _____

Hold Harmless Statement:

I, the parent/guardian of (Student's name _____), authorize the school administrator to direct members of the school staff to assist my child in taking the above medication and agree that I will not hold liable, any member of the school staff or individual of official capacity who is directed by me (parent/guardian) and the school administrator to assist my child in taking said medication.

Authorization for release of information:

I give my permission for the release/exchange of pertinent information between the school nurse and the licensed prescriber's office by telephone, mail, or electronic exchange regarding all of the medical/medication information described on this form concerning my child. *Circle one:* YES NO

Self-administration:

My child has been instructed in the correct way to use the above medication and should be permitted to carry and use that medication by himself/herself without supervision. I give my child permission to do so. *Circle one:* YES NO

I will provide a back-up inhaler to be kept in the Health Office: *Circle one:* YES NO _____

Parent/Guardian Signature

Date

Parent/Guardian Printed Name _____