

Berlin Area School District Inhaler Administration/Authorization Form



Today's Learners.
Tomorrow's Leaders.

Criteria for Safe Inhaler use at School

- A permission form must be completed and on file at school. The form must be signed by both the parent/guardian and the medical provider. Completed forms can be emailed to smiller@berlin.k12.wi.us or faxed to the school fax numbers listed below.
- The inhaler must be labeled with the student's name, medication name, directions for use and the prescription date.
- The student may need to keep a 2nd inhaler in the health office in the event the student forgets to bring one to school.
- If applicable, please bring in a copy of the student's Asthma Action Plan

STUDENT INFORMATION			
Student Name		Date of Birth	Grade
District School Name		School Year	
<input type="checkbox"/> Clay Lamberton Elementary Fax: (920) 361-4352	<input type="checkbox"/> Berlin Middle School Fax: (920) 361-3379	<input type="checkbox"/> Berlin High School Fax: 920-361-2005	

HEALTH CARE PROVIDER	
Diagnosis/Reason for the Inhaler	
Inhaler Name	Spacer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dose/Frequency	
Is the inhaler required before any specific activity? If so, please describe:	
This student has the skill, knowledge, and my authorization to use the inhaler medication in the following manner, please select the best option below:	
<input type="checkbox"/> The student can self-administer the inhaler, the student will seek the care of school personnel if medication is unsuccessful in controlling his/her symptoms.	
<input type="checkbox"/> The student can self-administer the inhaler with access to another inhaler* in the health office as needed. <i>*Parents are responsible to provide a second inhaler.</i>	
<input type="checkbox"/> The student needs assistance from the health office or other medication trained school personnel with administration of the inhaler.	
Physician Signature	Date

SCHOOL STAFF	
Principal or District Nurse Signature	Date

PARENT/GUARDIAN	
<p><i>My signature below authorizes school personnel to contact the medical provider of the medication as needed for clarification in regards to the use, medication, dosage, and side effects and, also, to report treatment successes and failures as needed. This completed form will be given to the school district administrator, principal, or district nurse to be reviewed and signed.</i></p> <p><i>The Inhaler Administration/Authorization Form or equivalent must be updated annually.</i></p>	
Parent/Guardian Name (please print)	Relationship to Student
Parent/Guardian Signature	Date