



Inhaler Administration Authorization Form

Criteria for safe inhaler use at school:

- Permission form is completed and signed by both parent and medical provider and is on file at school.
- Inhaler is correctly labeled with the student's name, medication name, directions for use and the prescription date.
- May need a second inhaler kept in the health office in the event the student forgets to bring one to school

Student's Name: _____ **D.O.B:** _____ **Grade:** _____

School Year: _____ **School (circle one):** Clay Lamberton Elementary Berlin Middle Berlin High

To be Completed by the Health Care Provider*:

***Diagnosis or Reason for Inhaler:** _____

Name of Inhaler: _____ **Spacer (circle one):** yes no

Dose/frequency: _____

Before any specific activity: _____

***This student has the skill, knowledge, and my authorization to use inhaler medication in the following manner (please select an option below):**

_____ **Self-administer**--Student will seek the care of school personnel if medication is unsuccessful in controlling his/her symptoms.

_____ **Self-administer inhaler with access to another inhaler* in the health office as needed.**
--Parents are responsible to provide a second inhaler.

_____ **Student needs assistance from health office or other medication trained school personnel with administration of the inhaler.**

~School personnel may 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 school district administrator, principal, or district nurse to be reviewed and signed. Inhaler Administration Authorization Form or equivalent must be updated annually.

****Physician Signature:** _____ **Date:** _____

Address: _____ **Phone:** _____

Parent Signature: _____ **Date:** _____

School Signature: _____ **Date:** _____
(Principal or nurse)