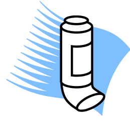
BERLIN AREA SCHOOL DISTRICT
295 E. Marquette St., Berlin, WI 54923
Phone: 920-361-2442 ext. 3003 Fax 920-361-4352



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)