

AUTHORIZATION FOR SCHOOL MEDICATION ADMINISTRATION

*******INSTRUCTIONS FOR USE OF INHALER AT SCHOOL *******

All students who have a prescribed inhaler may carry the inhaler while at school.

The following requirements must be met in order for your child to carry his/her inhaler while at school:

- 1) The prescribing physician must complete and sign Section 1 of this document.
- 2) Section 2 must be completed and signed by a parent or guardian
- 3) The student must comply with all instructions and regulations associated with carrying and self administrating the inhaler while at school or at after school activities. Students will not be permitted to share inhalers while at school or at after school activities. Students who abuse or ignore the school policies regarding prescribed medication while at school risk confiscation of the inhaler (thereafter to be stored in the nurse’s office) and loss of privileges.

Section 1

(To be completed by prescribing physician or certified nurse practitioner)

Child’s Full Name _____ Grade _____

Date of Birth _____ Allergies _____

Diagnosis _____

Name of Prescribed Medication _____

Reason for Medication _____ Dose _____

Route _____ Time to be given at School _____

Medication is to be administered _____

- 1. _____ until completed. Date _____
- 2. _____ entire school year _____ daily _____ as needed
- 3. _____ other

Potential side effects of this medication _____

Emergency response instructions _____

Physicians : By signing this form, you are indicating you are the prescribing doctor and that this student has been instructed in and demonstrated proper use of his/her inhaler.

(Physician/CRNP signature)

(Date)

****Parent must complete back page**

Section 2

(To be completed by parent/guardian)

As this inhaler is a parent-authorized and physician-prescribed medication
I, the parent/guardian of:

_____, relieve the Antietam School District

(Name of student)

or any school employee, of any responsibility for the benefits or consequences of this medication. I also acknowledge that the Antietam School District bears no responsibility for ensuring that the medication is taken.

I give my permission for my child to carry his/her inhaler while at school and I have instructed my child that he/she is not to share the inhaler with any other person while at school or at any school related activity.

I also accept responsibility to provide a physician's note and my written instructions if the medication is to be changed or discontinued. I give permission for the school to communicate with my child's primary health care provider regarding this medication/medical condition.

(Signature of Parent/Guardian)

(Date)

Please list all medication your child is currently taking: _____
