AUTHORIZATION FOR THE POSSESSION AND USE OF ASTHMA INHALERS

5330 F3

Student Name:______________________________Home School:____________________Date:__________

Student Address:_____________________________________Program:______________________________

Authorization is hereby given for the student named above to:

- ☐ receive the prescribed medication indicated from the designated school personnel.
- ☐ self-administer the prescribed medication as permitted by law.

Name of Drug:____Dosage:________________________

Time(s):______________________Interval(s):____________________each dosage is to be administered.

Date the administration is to begin: ______/______/______

Date the administration is to cease:______/______/________

Are there any severe adverse reactions that should be reported to the physician? ☐ No ☐ Yes

If yes, please explain ____

Procedure to follow in the event that medication does not produce the expected relief from the student's asthma attack:____

____

Other special instructions:____

____ ____________________________________

PHYSICIAN AND PARENT/GUARDIAN NAMES, SIGNATURES, AND EMERGENCY PHONE NUMBERS ARE REQUIRED.

Physician Name:____ Phone:________________________

Physician Signature:____ Date:__________________________

Parent/Guardian Approval: I authorize the Mid-East Career and Technology Centers to administer the above medication to my son/daughter as indicated. If any of the information provided by the person licensed to prescribe the medication as described above changes, I agree to submit a revised statement signed by the physician who prescribed the prescription, to the school employee designated to administer medication.

I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

____ ________________________________
Parent/Guardian's Signature Date

____ ________________________________
Home Telephone Work Telephone

____
Parent/Guardian Mobile Number/E-mail Address

Copies to: 1 - Director/Unit Administrator 1 - Parent or Student 1 – File