



Asthma Medication Administration Authorization Form

Student's Name: _____

DOB: _____

In order for the student to receive prescription medications at school:

- The medication authorization form will be completed and signed by the parent(s).
- The form will be given to the school nurse.
- The inhaler will come to school in its original prescription packaging.
- The inhaler packaging will have the student's name, name of the medication, directions for use, and date.
- Authorization will be updated annually.

The student has the skill, knowledge and authorization to use an asthma inhaler in the following manner:

- _____ Self-administer inhaler and carry inhaler. Student will seek the care of school personnel/nurse if medication is unsuccessful in controlling his/her asthma symptoms.
- _____ Self-administer inhaler with access to another inhaler in the nurse's office as needed. Parents will supply the nurse's office with a secondary inhaler.
- _____ Student needs assistance with administration of their asthma inhaler with the inhaler kept in the nurse's office for use as needed.

Drug Name		
Dose	Route	Frequency
Start Date	Stop Date	Side Effects

Drug Name		
Dose	Route	Frequency
Start Date	Stop Date	Side Effects

School personnel may contact the prescriber of the medication for clarification regarding indication for use, medication, dosage, side effects, successful and treatment failures.

Physician's Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Nurse Signature: _____ Date: _____