

AUTHORIZATION FOR STUDENT TO SELF ADMINISTER ASTHMA INHALER

Student Name: _____ Date of Birth: _____

School: _____ Grade / Room Number: _____

TO BE COMPLETED BY PARENT / GUARDIAN We / I understand and agree that:

The inhaler will be furnished by me.

The inhaler must be labeled with the name of the student and medication.

My child is to carry his / her inhaler at all times while at school and on the bus.

My child has been trained adequately on the correct use of the inhaler.

My child will notify the nurse each time the inhaler is used.

Signature of Parent / Guardian: _____ Date: _____

TO BE COMPLETED BY STUDENT: I understand and agree that:

I will be responsible for carrying my inhaler if authorized by my parent and physician to do so.

I will NEVER loan my inhaler to anyone else or invite anyone to try it. If I do so I may face disciplinary action.

I will demonstrate to the nurse proper technique in using my inhaler.

I will notify the school nurse each time I use my inhaler and will go to the health room immediately if there is no improvement following inhaler use.

Signature of Student: _____ Date: _____

TO BE COMPLETED BY SCHOOL NURSE:

This student has demonstrated proper inhaler use in my presence. At the secondary level, demonstration will be done at the nurse's discretion after review of health record.

Signature of School Nurse: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN: Student is able to self-administer inhaler ___Yes ___No

Name of Medication: _____

Route and dosage: _____ Time: _____

Duration: _____ Start date: _____ End date: _____

Reason for Administration: _____

Possible Side Effects: _____

Signature of Physician: _____ Date: _____

We / I hereby release, discharge and hold harmless the East Penn School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to our / my child. We / I have read and agree to the above policy.

Signature of Parent / Guardian: _____ Date: _____

District Fax Numbers:

Alburtis 610-966-9619
EHS 610-966-8449
Eyer Middle 610-966-9649
Jefferson 610-966-8349
Lincoln 610-965-1569
LMMS 610-398-4385

Macungie 610-966-7583
Shoemaker 610-965-2977
Wescosville 610-395-6354
Willow Lane 484.519.3310
Student Services 610-965-1628