

Authorization For Student To Self Administer Asthma Inhaler

Name of Student: _____

Date of Birth: _____

Name of School: _____

Grade / Room: _____

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:**School Name****Fax Number****School Name****Fax Number**

Alburtis

610-966-9619

Macungie

610-966-7583

EHS

610-966-8449

Shoemaker

610-965-2977

Eyer Middle

610-966-9649

Wescosville

610-395-6354

Jefferson

610-966-8349

Willow Lane

484.519.3310

Lincoln

610-965-1569

Student Services

610-965-1628

LMMS

610-398-4385