

NORTHMONT SCHOOL DISTRICT

AUTHORIZATION TO CARRY/SELF ADMINISTER ASTHMA INHALER

Student's Name _____ DOB _____ Teacher _____

School _____ Diagnosis: _____

SELF-ADMINISTRATION OF ASTHMA MEDICATIONS

(To be filled out by physician)

Medication: _____

Dosing instructions: _____

Physician Please Check one:

- I have instructed _____ (student's name) in the proper way to use his/her medications. It is my professional opinion that _____ (student's name) should be allowed to carry and self-administer his/her _____ (name of inhaler) inhaler while on school property or at school-related events. His/her parents are aware that there will not be an inhaler available in the school clinic unless they decide to provide an extra one.

- It is my professional opinion that _____ (student's name) should NOT be allowed to carry and self-administer any of his/her asthma medications while on school property or at school related events. It should be kept in a designated area (i.e. school clinic) and be accessible to the student.

Physician/Practitioner: _____

Printed Name

Signature

Date

Office Address: _____ Phone: _____

To Be Completed by Parent/Guardian:

I permit my child to carry the above listed inhaler as ordered by his/her physician/practitioner. I understand that my child, not the school, is responsible for the storage, possession, and use of the inhaler. I understand that sharing medication with other students will result in disciplinary action. If the student does not follow the above agreement, the privilege of carrying and self administering his/her medication will be revoked.

Parent/Guardian Signature: _____ Date: _____

Phone: _____ Cell: _____

Emergency Contact Person: _____ Relationship: _____

Phone: _____ Cell: _____

****This form is valid for one (1) school year****