

ISD #318 School Health Services

Authorization for Administering **Asthma Medication** School year _____

To be completed by the Health Care Provider:

School: _____

Student: _____

DOB: _____

Diagnosis: _____

Medication: _____

(Include dosage: Please note the medication start date will coincide with this order and the end date will be the last day of school)

Time to administer: _____

(please circle one)

Yes or No Is the student knowledgeable about the medication and how to administer it?

Yes or No The student has the skills to safely possess their inhaler and may independently self administer their inhaler during school?

List side effect concerns: _____

Health Care Provider Signature: _____ Date: _____

- Prescription medication(s) will only be given with written parent permission and written orders from your Health Care Provider.
- All Medication(s) must come to school in the original pharmacy container, not baggies, envelopes, etc. Parents are asked to bring medication to the school office. Medication(s) SHOULD NOT be sent to school with the student.
- Whenever possible medication should be given at home instead of school.
- All medication (prescription or nonprescription) will be taken in the nurse’s office. Students may not have medication in their possession, except with a written physician’s order. **(No controlled substance will be allowed to be self administered even if a physician’s order is presented)**
- Please notify the nurse if there are any changes made in the medication to be given (dosage change, discontinued, hold, etc.) A new order will be needed to make changes especially if a new medication is prescribed.
- **Your signature on this form also serves as a release for the nurse to exchange information with the Health Care Provider (via fax, telephone, or written) and appropriate school staff regarding medication and health issues/concerns. This information is private data and will be kept confidential.**
- I release the school personnel from any liability in relation to this request when the medication is given as ordered. I understand the school is rendering a service and does not assume any responsibility for this matter. I understand that a school nurse or designated person will administer the medication.
- Please notify the nurse of all the medication your child is taking even if they are taking it at home. This is important in case of an emergency.

My Child may self administer her/his asthma inhaler: Yes or No (circle one)

Parent Signature: _____ Date: _____

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