

*****SELF-MEDICATION FOR ASTHMA INHALERS*****

Authorization

(In accordance with ORC 3313.716/3313.14)

Please check if STUDENT is permitted by healthcare provider to CARRY an inhaler and SELF- MEDICATE at school.

Complete the following and parent/guardian and healthcare provider must SIGN below:

Date to Begin Administration _____

Date to End Administration _____

Adverse reactions that should be reported to physician:

Adverse reactions for unauthorized user:

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack:

Other special instructions:

Prescriber and Parent/Guardian Names and Signatures REQUIRED for Self Medication of Asthma Inhalers:

Prescriber Name _____

Tel _____

Signature of Prescriber _____

Date _____

Parent/Guardian Name(s) _____

Tel _____

Signature of Parent/Guardian _____

Date _____

Copies must be provided to the principal and to the nurse.