



Mayfield City School District
Gates Mills ♦ Highland Hts. ♦ Mayfield Hts. ♦ Mayfield Village

Authorization for Self-Administration of Asthma Inhalers

The following section is to be completed by the PARENT:

Form for parent completion containing fields for School, Grade, Date, Student's Name, D.O.B., Parent/Guardian name, Phone, and Parent/Guardian Signature.

The following section is to be completed by PHYSICIAN prescribing the inhaler:

Form for physician completion containing fields for Student's Name, Drug name, Dosage, Length of time medication, Potential adverse reactions, Procedures to follow, and Other special instructions.