



Authorization for Student Possession and Use of an Asthma Inhaler During an Overnight Trip

In accordance with ORC 3313.716/3313.14

A completed form must be provided to the school principal and/or nurse before the student may possess and use an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.

School:	Grade:	Year:
Student's Last Name:	First Name:	<input type="checkbox"/> M <input type="checkbox"/> F Date of Birth:
I have read and understand the Mayfield City School guidelines for giving medications. As the Parent/Guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.		
____/____/____ Date	_____ Parent/Guardian Signature	(____)_____ Home/Cell Phone
		(____)_____ Emergency Phone

The following section must be completed by the LICENSED PRESCRIBER:

Name and Dosage of Medication:	
Date Medication Administration Begins:	Date Medication Administration Ends (if known):
Procedure for School Employees if the Medication Does Not Produce the Expected Relief:	

Possible Severe Adverse Reactions:

To the Student for Which it is Prescribed (that should be reported to physician):
To a Student for Which it is NOT Prescribed Who Receives a Dose:

Special Instructions:

(Licensed Prescriber's Stamp)	Licensed Prescriber's Printed Name:
	_____ Licensed Prescriber's Signature:
	Date: ____/____/____
	Telephone Number: (____)_____

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Adapted from the Ohio Association of School Nurse HEA 4223 3/11
*****Please note a new form is required for every overnight trip**

Gates Mills ● Highland Heights ● Mayfield Heights ● Mayfield Village