



**Authorization for Student Possession and Use of an Asthma Inhaler**

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:
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(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 every school year

Gates Mills ● Highland Heights ● Mayfield Heights ● Mayfield Village