

Authorization for Self-Administration of Asthma Inhalers

The following section is to be completed by the PARENT:

School:	Grade:	Date:/_	/
Student's Name: and understands the purpose, proper me child be permitted to carry an inhaler as inhaler is for his use only and is to be ke	s I consider him/her resp	onsible in using it. My ch	hild knows that the
I will provide the inhaler and the appropriate signed by the physician if any of the infadministration will be revoked if any prabsolve Mayfield Schools of any responsibility.	formation originally prov roblem arises with the m	vided changes. I understaned in the state of the second se	nd that self- I, the undersigned,
Parent/Guardian name:	P	hone: (Work): ()	
		(Home): ()	
Parent/Guardian Signature:		(other): ()	
The following section is to be completed	l by PHYSICIAN prescr	bing the inhaler:	
Student's Name:		has been instructed in and understands the	

purpose, proper method, and appropriate frequency of	f using an inhaler, and is capable of self-administration
Drug name:	Dosage:
Length of time medication is to be given: Start Date:	/ Stop Date://
Potential adverse reactions to be reported by Physicia	an:
Procedures to follow when inhaler does not produce e	expected relief from attack:
Other special instructions:	
(Physician's name-please print)	Phone: ()
(Physician's signature)	Date://