



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:
<p>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.</p>		
____/____/____	_____ (____) _____ (____)	
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:

*****Please note a new form is required for every overnight trip**

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

Rev 2/23

Adapted from the Ohio Association of School Nurse HEA 4223 3/11

SCHOOL FAX NUMBERS

High School Fax: 440-995-6805
Middle School Fax: 440-449-1413
Center Fax: 440-995-7405

Gates Mills Fax: 440-995-7505
Lander Fax: 440-995-7355
Millridge Fax: 440-995-7255

Preschool Fax: 440-995-6805
CEVEC Fax: 440-646-1117
EXCEL TECC Fax: 440-995-6755