**AUTHORIZATION FOR ADMINISTRATION OF ASTHMA MEDICATION (INHALER)**

**STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEDICATION NAME AND DOSAGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT OF MEDICATION TO BE TAKEN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TIME(S) TO BE TAKEN DURING SCHOOL HOURS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ASTHMA SYMPTOM TRIGGERS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRECAUTIONS, IF ANY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **□ Option #1**

 The student comes to the nurse's office where the inhaler is kept, and uses it under supervision. The advantage of this option is that it ensures the medication will be used correctly, in the proper amount, and that records can be kept. The severity of the student's symptoms is also monitored.

 **Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **□ Option #2**

Qualified students will be allowed to carry their inhalers. The advantage of this option is that the inhaler is immediately accessible. A spare inhaler, provided by the parent, may be kept in the nurse's office should the student forget their inhaler or run out of medication.

***CONTRACT BETWEEN THE STUDENT, PARENT, AND SCHOOL NURSE***

***FOR PERMISSION TO CARRY AN INHALER***

1. Student has demonstrated to the parent and the school nurse the correct use of their inhaler.
2. Student agrees never to share the inhaler with another person.
3. Student agrees that after two puffs, if there is not marked improvement in his/her condition, he/she will see the school nurse immediately.

 **Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I give permission for my child to carry the inhaler described above. I understand that he/she must follow the rules listed above.*  ***I also understand that this permission slip will be in effect through my child's graduation and that if there are any changes in his/her condition or medication I should notify the school nurse.***

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**