

AUTHORIZATION FOR STUDENT POSSESSION AND USE OF AN ASTHMA INHALER

**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.**

Student name
Student address

**This section must be completed and signed by the student's parent or guardian.**

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.

Parent/Guardian signature	Date
Parent/Guardian name (print)	Parent/Guardian emergency telephone number (        )

**This section must be completed and signed by the student's physician.**

Name and dose of medication	
Date medication administration begins	Date medication administration ends (if known)
Procedures 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 the physician)
To a student for which it is <b>not</b> prescribed who receives a dose

Special Instructions

Physician Signature	Date
Physician name (print)	Physician emergency telephone number (        )