

Asthma Inhaler Administration Authorization Form



Student Information (Complete an Application for Each Child)

Child's Name (Last, First, Middle)	Date of Birth	Age	Grade
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Diagnosis

In order for the student to receive the asthma-relieving medication for asthma:

- Asthma inhaler administration authorization form will be completed, signed by parent and medical provider, and returned to the school office. Form will be given to school district administrator or school nurse.
- Asthma inhaler medication will have student's name, name of medication, directions for use and date.
- Authorization of asthma-relieving medication will be updated annually.

Drug Name	Dosage	Route	Frequency	Start Date	End Date	Considerations/ Side Effects
1.						
2.						

School personnel may contact the medical provider of the medication for clarification regarding indication for use, medication, dosage, side effects, and treatment successes and failures.

Name of Child's Physician

Name of Physician's Medical Center/Clinic	Medical Center/Clinic Phone Number
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Physician's Signature	Date
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Parent's/Guardian's Signature: _____ Date _____

_____ Date _____

School Administrator Authorization: _____ Date _____