

Request for Student to Carry and Administer Own Prescription Medication by Inhaler

Student's name: _____ Birthdate: _____ School/Grade/Teacher: _____

- The student's Ohio licensed health care prescriber must complete and sign Section I of this form at the beginning of each school year.
- Parent or guardian must complete and sign Section II of this form at the beginning of each school year.
- This completed form must be on file in the student's health record before student can self-carry and administer their prescription medication by inhaler at school. A separate form is required for each medication.

I. Prescriber's Section

Prescriber's name/title (printed): _____ Phone: _____

This is to certify that the student named above is under my care and should be allowed to carry and administer his/her own personal medication by inhaler. I hereby stipulate that the immediate administration of medication during bronchial spasm is medically necessary and that even a five-minute delay in administering that medication could lead to serious medical complications. I further stipulate that the above-named student has been instructed and demonstrates knowledge of the proper circumstances in which this medication should be administered as well as the proper care, storage, and administration of the below-indicated medication.

Inhaler medication name and strength	
Dose (# of puffs)	
Time (during school or school activity)	
Adverse reactions to be reported to prescriber	
Other special instructions	
Adverse reactions that may occur to another child for whom the inhaler is not prescribed, should the child receive the inhaler	
Procedures to follow if the asthma medication does not produce the expected relief	
Starting & ending date of this request	Start: _____ End: _____

Prescriber's signature/title: _____ Date: _____

Address: _____ Emergency contact #: _____

II. Parent/Guardian's Section

I hereby request and give my permission for my child to possess and use an inhaler, as prescribed, during school and at any activity, event, or program sponsored by or in which the student's school is a participant. I do hereby release all school employees and the Board of Education from liability for damages, illness, or injury resulting from either performing or not performing any assistance requested.

I agree to submit a revised *Request for Student to Carry and Administer Own Prescription Medication by Inhaler* if any changes are made regarding the above medication.

Parent/Guardian signature: _____ Date: _____

Home address: _____ Daytime phone: _____