



Authorization for Asthma Medication Administration at School 2014-2015

Date: _____ Student: _____ Grade _____

Asthma triggers: _____

Daily medication taken to control asthma: _____

The above student has been diagnosed with asthma and on occasion will require the following asthma medication to be administered at school:

Medication to be administered via inhaler:

Drug: _____

Dose: _____

Frequency: _____

Medication to be administered via nebulizer:

Drug: _____

Dose: _____

Frequency: _____

This student has been instructed and demonstrates the proper technique to administer his/her asthma medication. He/she may carry and self-administer his/her inhaler during the school day.

____ YES ____ NO

Signed: _____ Date: _____

PHYSICIAN signature required

Signed: _____ Date: _____

PARENT signature required

Medication policy reminders:

- All prescription medications must have a physician's and parent's signature.
- All medications administered at school must be checked in with required authorization.
- Medication must be received in its original container and must be labeled with the student's name. Label inhaler device and nebulizer machine.
- This authorization is valid for the school year named above and must be renewed each year.