



School Year _____

Self-Administration of INHALER

When a parent/guardian, 6th-12th grade student and Health Clerk agree that self-administration of Prescribed Inhaler is appropriate for an individual student, the procedure must be done safely, carefully and accurately. A written request by the parent/guardian must be provided to the school.

The medication must be brought to the school in the original container, with a pharmacy label attached. No Inhalers are allowed on school property without being properly labeled with Students full name.

- Students must be able to demonstrate correct usage of the inhaler.
- Students are never to “share” his/her inhaler with anyone else.
- Students must come to the health office for evaluation if breathing/coughing relief is not felt after use of inhaler.
- Students must not abuse the privilege of having ready access to his/her inhaler.
- Students are responsible for bringing their inhaler on field trips or school activities

After the student has agreed to the above requirements, he/she may sign this form with parents. The student will then be allowed to carry the inhaler as needed. A copy of this form will be kept in the students electronic file and must be renewed annually.

TO BE COMPLETED BY PARENT/GUARDIAN

I believe that _____ is capable of self-administering his/her inhaler for Asthma. My student understands the above requirements and will abide by them.

- *Student is knowledgeable about the medication and how to administer it.
- *Student has the skills to safely possess and use the medication.
- *Student may self-administer the medication.

I hereby give permission for my child to self-administer his/her inhaler. I give my medical provider and Spectrum High School permission to release and obtain information from each other as necessary. This authorization takes effect the day that I sign it. It expires one year from the date of my signature. I understand that I may change this authorization at any time.

Signature of Parent/Guardian

Date