

NEWARK CITY SCHOOL DISTRICT

Authorization for the Administration of Asthma Inhalers

Student Name

Date of Birth

Student Address

School

Grade

Teacher

PARENT/GUARDIAN SECTION

Please review the following steps required for permission of school personnel to administer inhaler to your child and sign this section:

1. Both the parent and the licensed prescriber must complete this form.
2. Inhaler must be provided in the student's labeled prescription. The prescription label must match the instructions from the prescriber.
3. New forms must be submitted each school year and for each new medication. New forms must be submitted when any changes in the original form occur (for example, changes in the dose, time, etc.)

I request that medication be administered to my son/daughter according to the directions of the licensed prescriber in the following section. I also authorize the exchange of information between the health care provider and the school regarding this medication order when deemed necessary by school personnel.

Signature of parent/guardian

Date

LICENSED PRESCRIBER SECTION

Medication Name: _____

Dosage: _____

Date the administration is to begin: _____

The inhaler/medication is to be: **(Must select one)**

_____ Carried by the student

_____ Kept in the school

Adverse reactions that should be reported to the physician: _____

Adverse reactions for unauthorized user: _____

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack:

Other special instructions: _____

Physician name: _____

Phone: _____

Physician signature: _____

Date: _____

Copies must be provided to the principal and to the school nurse if one is assigned to the student's building.