American Lung Association.

Authorization for Administration of Inhaled Asthma Medication

(Use a separate authorization form for each medication)

School:_____

Student's Name: (First/MI/Last) _____

Sex: (please circle) Female Male Birthdate: ____/____/____

FOR COMPLETION BY PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN'S ASSISTANT:

Physician's Name: _____

Telephone Number: _____ Fax Number: _____

Emergency Contact Number: _____

Diagnosis: _____

Name of Medicine: _____

Form: _____ Dose: _____

Is the child knowledgeable about his/her asthma medication? ❑ Yes ❑ No

Has the child demonstrated the proper technique in administering medication? ❑ Yes ❑ No

Medicine is administered daily. Time:_____ ❑ Yes ❑ No

Medicine is administered when needed. Indications: _____

_____

If needed, how soon can administration of medicine be repeated? _____

The medication cannot be repeated more than _____

Side effects: _____

_____

Comments: _____

_____

( ) I have instructed _____ in the proper way to use his/her inhaled asthma medications. It is my professional opinion that he/she should be allowed to carry and use this inhaled medication by him/herself.

( ) It is my professional opinion that _____should not be allowed to carry and use this inhaled medication by him/herself.

Physician Signature/Date: _____

FOR COMPLETION BY PATIENT

Mother's Name: _____

Father's Name: _____

Mother's Work Telephone:_____ Father's Work Telephone: _____

Home Telephone:_____ Emergency Number: _____

Is the child authorized to carry and self-administer inhaled asthma medication? ❑ Yes ❑ No

As the parent of the above-named student, I ask that assistance be provided to my child in taking the medicine(s) indicated above at school by authorized staff. If self-medicating is allowed or if no authorized staff member is available, I ask that my child be permitted to self-medicate as authorized by myself and my physician. Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.

Parent/Guardian Signature and Date:_____