NORTHMONT SCHOOL DISTRICT

AUTHORIZATION TO CARRY/SELF ADMINISTER ASTHMA INHALER

Student's Name _____DOB_____ Teacher_____

School_____ Diagnosis:_____

SELF-ADMINISTRATION OF ASTHMA MEDICATIONS

(To be filled out by physician)

Medication:_____

Dosing instructions:_____

Physician Please Check one:

- ▢ I have instructed _____ (student's name) in the proper way to use his/her medications. It is my professional opinion that _____ (student's name) should be allowed to carry and self-administer his/her _____ (name of inhaler) inhaler while on school property or at school-related events. His/her parents are aware that there will not be an inhaler available in the school clinic unless they decide to provide an extra one.

- ▢ It is my professional opinion that _____ (student's name) should NOT be allowed to carry and self-administer any of his/her asthma medications while on school property or at school related events. It should be kept in a designated area (i.e. school clinic) and be accessible to the student.

Physician/Practitioner: _____ _____ _____
Printed Name Signature Date

Office Address: _____Phone: _____

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To Be Completed by Parent/Guardian:

I permit my child to carry the above listed inhaler as ordered by his/her physician/practitioner. I understand that my child, not the school, is responsible for the storage, possession, and use of the inhaler. I understand that sharing medication with other students will result in disciplinary action. If the student does not follow the above agreement, the privilege of carrying and self administering his/her medication will be revoked.

Parent/Guardian Signature: _____Date: _____
Phone: _____ Cell:_____
Emergency Contact Person:_____Relationship:_____
Phone:_____ Cell:_____

****This form is valid for one (1) school year****