

## Self Administration of Asthma Medication

Student's name \_\_\_\_\_

Medication \_\_\_\_\_

Dose and Frequency \_\_\_\_\_

Side Effects \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_

It is my professional opinion this child should carry his/her inhaled medication for use by him/herself at school and extra curricular activities.

This student can:

- \_\_\_\_\_ Identify the name of medication
- \_\_\_\_\_ State when and how often it can be used
- \_\_\_\_\_ Demonstrate proper use of medication
- \_\_\_\_\_ Keep a record of usage.

School Nurse Signature \_\_\_\_\_

\_\_\_\_\_ (student) has permission to carry and use his/her inhaler while in school and at extra curricular activities. Failure to comply with the direction for use of the medication or sharing medication with others will result in having this privilege revoked.

Student Signature \_\_\_\_\_

I give permission to the nurse to share information about my child's asthma to help improve the health care of my child. I am aware that my child may carry and use his/her inhaler as long as he/she demonstrates responsible use of this medication.

Parent/Guardian Signature \_\_\_\_\_