

NORTHWESTERN LOCAL SCHOOL DISTRICT  
PRESCRIBED ASTHMA INHALER AUTHORIZATION  
Procedure for Keeping Asthma Inhalers with the Student

Purpose: To permit students to possess and use prescribed asthma inhalers during school hours.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Building: \_\_\_\_\_ Teacher: \_\_\_\_\_

School Year: \_\_\_\_\_ Grade: \_\_\_\_\_

To the Parent/Guardian:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT WHO POSSESSES AND USES PRESCRIBED ASTHMA INHALERS IN SCHOOL; BOTH PORTIONS OF THIS FORM MUST BE COMPLETED.

1. I am requesting permission for the student named above to possess and use asthma inhalers according to the doctor's verification on this form.
2. I will assume responsibility for safe delivery of the inhaler to school either by myself or by the student.
3. I will notify the school immediately if there is any change in the use of the asthma inhaler.
4. I release and agree to hold harmless the Board of Education, its officials, and its employees, from any and all liability for damages or injury resulting directly or indirectly from this authorization.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Work Telephone

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF  
ASTHMA INHALERS BY STUDENT

Student: \_\_\_\_\_ is under my care and should receive \_\_\_\_\_

\_\_\_\_\_ at the following time: \_\_\_\_\_

Specific instructions for administration: \_\_\_\_\_

Possible side effects to watch for: \_\_\_\_\_

The student has been instructed in the proper use of the inhaler: Yes \_\_\_\_\_ No \_\_\_\_\_

The student has demonstrated proper use of the inhaler: Yes \_\_\_\_\_ No \_\_\_\_\_

The student is responsible to carry the inhaler with him/her: Yes \_\_\_\_\_ No \_\_\_\_\_

The inhaler is to be kept in the clinic/office area for use: Yes \_\_\_\_\_ No \_\_\_\_\_

A NEW FORM MUST BE COMPLETED FOR EACH CHANGE AND EACH SCHOOL YEAR.

\_\_\_\_\_  
Physician's signature & printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Office/Emergency Phone #