

APPENDIX F1

SOUTHWEST LOCAL SCHOOL DISTRICT
PERMISSION TO SELF-ADMINISTER ASTHMA INHALER

Date _____

(Name of Student)

(Address of Student)

is under my care and should be permitted to carry and self-administer an asthma inhaler on school grounds and at school activities under the conditions listed below:

Name of medication: _____

Dose contained in container: _____

Date the administration of medication is to begin: ____ / ____ / ____

Date the administration of medication is to end: ____ / ____ / ____

Procedures to be followed by school personnel if the medication does not produce the expected relief from an asthma attack:

Any severe reactions that may occur to the child and which should be reported to the physician:

Any severe reactions that may occur to another child for whom the inhaler is not prescribed, should such a child receive a dose of the medication:

(Physician's signature)

(Address)

Office phone number: _____

Emergency number: _____

(Parent's/Guardian's signature)

Phone number: _____

Emergency number: _____

Copy to Principal and School Nurse