

Written Authorization for Self-Administration of Asthma Medication by Minor Children at School

Student Na	ne:	Date of Birth:	Grade:	
activity, wh	ninistration and possession of asth	nma medication by this stud ersonnel, and while in before	-named student hereby request author ent while in school, at a school-sponsor e-school or after-school care on school- e of his/her asthma medication.	red
her mis inac • th den and adn dee I take sole : • th	e school district and its employees a self-administration of medication exuse, overuse, or neglected or failed to excessible, empty, or faulty asthma me eschool may choose to require superioristrate appropriate use or proper to consequences for inappropriate behavioristration of asthma medication, armed appropriate for the safety of all responsibility for: e monitoring of asthma medication,	scept for injury caused by will use of his or her asthma medication and asthma devices exvision of medication administ echnique with asthma medication demonstrated by the stund that the school has the authority students and staff.	stration in the event that the student does ation. • the school has the authority to enfudent in association with the possession anority to require supervision of medication of prescriptions for asthma medication a	s not force rules and/or self- on use as
• en • de • in • in • in	suring the student always carries his ciding if back-up medication will be forming school staff in writing of an forming the school of any asthma ex forming school staff in writing of an	s/her asthma medication on he kept at the school and proving changes in the student's treat accerbations, hospital visits, any medication side effects that it's asthma management and	ding the school with the back-up medical catment or asthma management. nd/or new or changed student medical in t warrant communication to the parent/gu emergency plan to school staff (school h	tion. nformation. uardian
treatment f misused or employees	or the student when deemed neces given or taken by a person other t	ssary and appropriate. I acc than the above-named stude	ermit the school to seek emergency med sept legal responsibility should the med ent. I release the School System and its med student's possession and self-admi	dication be
Par	ent/Legal Guardian Signature		Date	
	and fully understand how and when	to use this medication. I will	structed in the proper use of my prescript always carry my medication with me and stand and agree to the terms of the school	d will not
Stu	dent's Signature		Date	
is my profes the parent/g	ssional opinion that the student be pe	ermitted to carry and self-adn	ng of the proper use of his/her asthma me ninister his/her asthma medication. I have ding the name, purpose, dosage, and adm	e provided
Healthcare	Provider Signature		Date	