

Ohio Department of Health

Authorization for Student Possession and Use of Asthma Inhaler

In accordance with ORC 3313.716

A completed form must be provided to the school principal and/or nurse before the student may possess and use an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.

Student Name:
Student Address:

This section must be completed and signed by the student's parent or guardian.

As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

Parent/Guardian Signature:	Date:
Parent/Guardian Name:	Parent/Guardian emergency phone number: ()

This section must be completed and signed by the medication prescriber

Name and dosage of medication:	
Date medication administration begins:	Date medication administration ends (if known):
Procedures for school employee if the medication does not produce the expected relief:	

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the prescriber):
To a student for which it is NOT prescribed who receives a dose:

Special Instructions:

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As the prescriber, I have determined that this student is capable of possessing and using an asthma inhaler appropriately and have provided the student with training in the proper use of the inhaler.

Prescriber Signature:	Date:
Prescriber Name:	Prescriber emergency phone number: ()