

Asthma Inhaler Administration Authorization Form

Student Name	Date of Birth
Diagnosis	Grade

In order for the student to receive the asthma relieving medication for asthma:

- This asthma inhaler administration authorization form will be completed and signed by the parent / guardian and medical provider. The form will be given to the office at Zion Lutheran School of South Milwaukee.
- The asthma inhaler medication will be labeled with the student's name, the name of medication, directions for use, and date.
- The authorization of asthma relieving medication will be updated annually.

The student has the skill, knowledge, and my authorization to use an asthma relieving medication in the following manner:

- _____ Self-administer asthma relieving medication. Student will seek the care of the school personnel if medication is unsuccessful at controlling his / her asthma.
- _____ Self-administer asthma relieving medication with access to another inhaler in the school office as needed. Parents will supply the school office a secondary inhaler.
- _____ Student needs assistance with administration of asthma relieving medication with the medication available as needed in the school office.

Medication	Dosage <i>mg, cc, ml, etc.</i>	Route <i>mouth, inhaled, injected, other</i>	How Often	Start Date	Stop Date	Considerations / Side Effects
1.						
2.						

School personnel may contact the medical provider of the medication for clarification regarding indication for use, medication, dosage, side effects, and treatment failures.

Physician's name	Clinic Name and Phone Number
Physician's signature	Date
Parent / Guardian signature	Date

School Administrator Authorization: _____ Date: _____