

# Christ the King Catholic School

## ASTHMA INHALER SELF-CARRY AUTHORIZATION FORM GRADES 5-8

This order is valid only for school year (current) \_\_\_\_\_, unless revoked by the parent or school nurse or if the student fails to comply.

This form must be completed fully in order for a student to self-carry and administer his/her prescribed asthma inhaler while at school, school-sponsored activities, or in transit to and from school or school sponsored activities.

### **The following requirements must be met in order for your child to carry his/her inhaler at school**

- Section 1 must be completed and signed by a parent or guardian
- Section 2 must be completed and signed by the student
- The student must comply with all instructions and regulations associated with carrying and administering the inhaler.
- Prescription medication must be in an **original container labeled by the pharmacist or prescriber and student name.**

### **Section 1 – Parent / Guardian Authorization**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication Name \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_

Time/Frequency of Administration \_\_\_\_\_ if “as needed”, frequency \_\_\_\_\_

If “as needed”, for what symptoms \_\_\_\_\_

*Please initial next to each statement:*

\_\_\_ **I agree to provide the school office with an extra (BACK UP) rescue inhaler.**

\_\_\_ My child understands that he/she is to keep inhaler with him/her at all times and never to share his/her inhaler with another student.

\_\_\_ My child has demonstrated proper use of his/her inhaler in my presence.

\_\_\_ My child understands his/her asthma triggers, symptoms, and treatment plan.

\_\_\_ My child understands the importance of letting school staff and parents know when he/she is having more difficulty than usual with asthma symptoms or episodes.

\_\_\_ I acknowledge that it may not be possible for the school staff to monitor or document doses, frequency, techniques, or response of my child to the self-carried medication.

\_\_\_ I agree to provide a new authorization form if there is any change in the medication, dosage, administration time, or special instructions regarding the medication.

\_\_\_ I understand that the School Nurse will share information relevant to the prescribed medication as he/she determines appropriate for my child’s health and safety.

I, the parent/guardian of \_\_\_\_\_ (Student Name), give/do not give (circle one) permission for him/her to self-carry and administer inhaled asthma medication.

**Section 2 – Student Responsibility**

*Please initial next to each statement:*

\_\_\_ I agree to keep my inhaler with me at school at all times, as well as a back-up in the School Nurses office.

\_\_\_ I agree to use my inhaler as prescribed. I understand my asthma triggers, symptoms, and treatment plan.

\_\_\_ I understand the correct technique for administering my inhaler (demonstrate to School Nurse).

\_\_\_ I agree to go to the office whenever possible to use my inhaler so that my symptoms can be evaluated.

\_\_\_ I understand the importance of reporting inhaler use to the office so that it can be documented.

\_\_\_ I understand that it is important for me to let an adult in the school office, as well as my parents know if I am having more difficulty than usual with my asthma.

\_\_\_ I agree to never share my inhaler with another student or anyone.

\_\_\_ I agree that my privileges will be revoked if I fail to follow the above guidelines.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_