



**Asthma Inhaler Administration Authorization Form**

**Student's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

For the student to receive the symptom-relieving medication for asthma:

- Asthma inhaler administration authorization form will be completed and signed by parent and medical provider. Form will be given to school district administrator or school nurse.
- Asthma inhaler medication will have student's name, medication, directions for use, and date.
- 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:

- \_\_\_\_\_ Student may carry and self-administer asthma-relieving medication. Student will seek the care of school personnel if medication is not successfully controlling his/her asthma.
- \_\_\_\_\_ Student needs assistance with administration of his/her asthma-relieving medication with the medication available as needed in the health office.

Asthma symptoms requiring medication include: cough, wheeze, chest tightness, or difficulty breathing.

Drug name (circle)	Dosage	Frequency
<i>Metered dose inhaler:</i> Albuterol: Ventolin/ProAir/Proventil Levalbuterol: Xopenex	2 puffs inhaled via spacer	<input type="radio"/> Every 4 hours as needed <input type="radio"/> 20 minutes prior to exercise
<i>Nebulizer treatment:</i> Albuterol/Xopenex	1 vial inhaled	<input type="radio"/> Every 4 hours as needed <input type="radio"/> 20 minutes prior to exercise

Side effects of albuterol include increased heart rate and jitteriness. School personnel may contact the physician for clarification of any issue relating to this medication. These instructions apply for the duration of the school year.

Physician name:	Office phone: 724-719-2441 Office address: 100 Bradford Road Suite 410 Wexford, PA 15090
Physician signature:	Date:
Parent/Guardian signature	Date:

School Administrator Authorization: \_\_\_\_\_ Date: \_\_\_\_\_