

# SELF-MEDICATION FOR ASTHMA INHALERS AUTHORIZATION FORM

Student \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Tel \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Date to **Begin** Administration \_\_\_\_\_ Date to **End** Administration \_\_\_\_\_

Adverse reactions that should be reported to physician:

Adverse reactions for unauthorized user:

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack:

Other special instructions:

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## Physician and Parent/Guardian Names, Signatures, and Emergency Numbers

Physician Name \_\_\_\_\_ Tel \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) Name \_\_\_\_\_ Home Tel \_\_\_\_\_

Work Tel \_\_\_\_\_

Other Tel \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Copies must be provided to the principal and to the school nurse.**

*—adapted from the Ohio Association of School Nurses*

**All Current Medications**

Name of Medication	Dosage	Time

**Medications to be Given at School (if any)**

Name of Medication	Dosage	Time

**Steps for an Acute Asthma Episode (to be completed by physician)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Physician Signature

\_\_\_\_\_

Date

*Source: Managing Asthma: A Guide for Schools. National Heart, Lung and Blood Institute (NHLBI). National Institutes of Health. U.S. Department of Health and Human Services and the Fund for the Improvement and Reform of Schools and Teaching. Office of Educational Research and Improvement: (OERI). U.S. Department of Education, September 1991. NIH Publication No. 91-2650.*