



## Self-Administration of Inhaler Authorization

*(Physician and Parent Form)*

School Year \_\_\_\_\_

When a prescribing health professional, parent/guardian, student and school nurse agree that self-administration of medication is appropriate for an individual student, the procedure must be done safely, carefully and accurately. A written order by a prescribing health professional and written authorization by the parent/guardian must be provided to the school. The medication must be brought to school in a container appropriately labeled by a pharmacist or the prescribing health professional. The school nurse may develop a written health care plan for the student. A student who has demonstrated competencies described in the student agreement may then be allowed to self-carry their inhaler if he/she signs the agreement on the back of this form.

This form must be completed by the prescribing health professional and parent/guardian and returned to the licensed school nurse. Orders **must** be renewed annually or whenever medication dosage or administration changes.

Licensed School Nurse: \_\_\_\_\_ School: \_\_\_\_\_

Telephone: \_\_\_\_\_ FAX # : \_\_\_\_\_

### TO BE COMPLETED BY PRESCRIBING HEALTH PROFESSIONAL

I believe that \_\_\_\_\_ is capable of self-administering the following medication:  
(Student's Name)

| Medication | Route | Dose | Frequency |
|------------|-------|------|-----------|
|------------|-------|------|-----------|

I recommend self-administration of this medication for the treatment of:

Comments: \_\_\_\_\_

Discontinuation date: \_\_\_\_\_

|  |            |       |      |
|--|------------|-------|------|
| Signature of Prescribing Health Professional | Print Name | Phone | Date |
|--|------------|-------|------|

I hereby give permission for my child to self-carry his/her inhaler at school as prescribed by my child's health care professional and I authorize reciprocal release of information related to the medication between the school nurse and the prescribing health professional.

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

\_\_\_\_\_  
Date