

# INHALER AUTHORIZATION

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

## PART I PARENT OR GUARDIAN TO COMPLETE PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

I hereby request Engleside Christian School (ECS) personnel to permit the student identified below to use an inhaler in school as prescribed. I agree to release, indemnify, and hold harmless ECS and any of their staff and faculty members from lawsuits, claim expense, demand or action, etc., against them for helping this student with the inhaler, provided ECS personnel are following physician instructions as written in part II below.

Medication \_\_\_\_\_ Renewal \_\_\_\_\_ New \_\_\_\_\_  
(If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)

First dose was given: Date \_\_\_\_\_ Time \_\_\_\_\_

Student name (Last, First, Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Year \_\_\_\_\_ Grade Level \_\_\_\_\_

No ECS employee shall administer medication or treatment, as an exception under ECS policy, unless all the required clearances have been personally reviewed by the principal or the principal's designee.

Parent or Guardian Signature \_\_\_\_\_

Daytime telephone \_\_\_\_\_

Date \_\_\_\_\_

## PART II PHYSICIAN TO COMPLETE INFORMATION SHOULD BE WRITTEN IN LAY LANGUAGE WITH NO ABBREVIATIONS

DIAGNOSIS: \_\_\_\_\_

LIST TRIGGERS: \_\_\_\_\_

DATE OF ORDER: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

SYMPTOMS OR CONDITIONS FOR WHICH MEDICATION IS ORDERED: \_\_\_\_\_ TIME INTERVAL FOR REPEATING DOSAGE: \_\_\_\_\_

DOSAGE TO BE GIVEN AT SCHOOL?: \_\_\_\_\_

TIME(S) MEDICATION IS GIVEN: \_\_\_\_\_

EFFECTIVE DATE:

Current School Year? \_\_\_\_\_ OR From: \_\_\_\_\_ To: \_\_\_\_\_

If the student is taking more than one medication at school, list sequence in which medications are to be taken: \_\_\_\_\_

Check appropriate blanks:

- I believe that this student has received adequate information on how and when to use an inhaler and that he or she can use it properly.
- The student is to carry an inhaler during school hours or with principal approval. (An additional inhaler, to be used as backup, may be kept in the clinic or other approved school location.)
- The inhaler will be kept in the school clinic or other approved location (specify): \_\_\_\_\_

Physician Name (Print or Type) \_\_\_\_\_

Physician Signature \_\_\_\_\_

Telephone or Fax \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian and Student Information to be filled out *IF the student carries the inhaler at school.*

Parent/Guardian Name  
(Print or Type) \_\_\_\_\_

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

Telephone \_\_\_\_\_

Date \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

## PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE

Check off as appropriate:

- Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the physician's stationery or a prescription pad.)
- Medication is appropriately labeled.
- The student has been approved by the principal to carry an inhaler. An individual health care plan/procedure must be on file.

Date by which any unused medication is to be collected by the parent or disposed of by ECS (within one week after expiration of the physician order or on the last day of school): \_\_\_\_\_

Principal or Principal Designee Signature \_\_\_\_\_

Date \_\_\_\_\_

## PARENT INFORMATION ABOUT INHALER PROCEDURES

1. Nonessential medication will not be permitted in school during school hours or during school-sponsored activities or extended care. Any medication taken at ECS must have the parent or guardian-signed authorization and physician order if required by regulation.
2. The parent or guardian is responsible for obtaining the physician's statement in part II.
3. A physician may use office stationery or a prescription pad in lieu of completing part II. Include the following information written in lay language with no abbreviations:
  - Name of student
  - Date of order
  - Duration of medication order and effective dates
  - Reason for medication or diagnosis
  - Name of medication
  - Exact dosage to be taken in school
  - Time to take medication and frequency or exact time interval dosage is to be administered
  - If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("Repeat as necessary" is unacceptable.)
  - Symptoms, other medications the student is taking
  - Statement that the student may self-administer
  - Physician's signature
  - Date
4. Physician samples must be appropriately labeled by the physician to include information requested in item 3 above.
5. The parent or guardian is responsible for submitting a new form to Engleside Christian School at the start of the school year and each time there is a change in the dosage or in the time at which medication is to be taken. The first dose of any new medication shall be given at home.
6. Inhaler must be hand delivered to the school clinic by the parent or guardian unless approved for the student to carry at ECS.
7. Medication kept in the school will be stored in an area accessible only to authorized personnel unless approved for the student to carry it during school hours. If a student carries his or her own inhaler, a backup may be kept in the office.
8. Within one week after expiration of the effective date on the physician order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication(s) unless the student has been authorized to carry them. Medications not claimed within that period will be destroyed.