

SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: JLCD-R E-1

INHALED MEDICATION ADMINISTRATION FORM – Side 1

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

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone/pager \_\_\_\_\_

**TO BE COMPLETED BY PRESCRIBER:**

Diagnosis/Condition \_\_\_\_\_

MEDICATION to be given at school: \_\_\_\_\_

DOSE \_\_\_\_\_ ROUTE \_\_\_\_\_

FREQUENCY \_\_\_\_\_ TIME(S) \_\_\_\_\_

Specific recommendations for administering \_\_\_\_\_

Contraindications, Adverse Reactions, +/- Side Effects \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Effective dates: \_\_\_\_\_ (if none given, will be for school year)

Please list all medications (prescription plus over-the-counter) the student is taking:

\_\_\_\_\_

\_\_\_\_\_

I have instructed \_\_\_\_\_ in the correct way to use the above medication.

Circle one:            YES            NO

It is my professional opinion that he/she has the knowledge and skills to possess and use safely an inhaler in school and should be permitted to carry and use that medication by himself/herself without supervision.

Circle one:            YES            NO

Licensed prescriber's signature \_\_\_\_\_ Date \_\_\_\_\_

Licensed prescriber's printed name \_\_\_\_\_

Business Phone \_\_\_\_\_ Emergency phone \_\_\_\_\_

--- OVER ---

INHALED MEDICATION ADMINISTRATION FORM – Side 2

**TO BE COMPLETED BY PARENT/GUARDIAN** – Please complete all parts and sign below

Pharmacy \_\_\_\_\_ Prescription # \_\_\_\_\_

**Hold Harmless Statement:**

I, the parent/guardian of (Student's name \_\_\_\_\_), authorize the school administrator to direct members of the school staff to assist my child in taking the above medication and agree that I will not hold liable, any member of the school staff or individual of official capacity who is directed by me (parent/guardian) and the school administrator to assist my child in taking said medication.

**Authorization for release of information:**

I give my permission for the release/exchange of pertinent information between the school nurse and the licensed prescriber's office by telephone, mail, or electronic exchange regarding all of the medical/medication information described on this form concerning my child. *Circle one:* YES NO

**Self-administration:**

My child has been instructed in the correct way to use the above medication and should be permitted to carry and use that medication by himself/herself without supervision. I give my child permission to do so. *Circle one:* YES NO

I will provide a back-up inhaler to be kept in the Health Office: *Circle one:* YES NO \_\_\_\_\_

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

\_\_\_\_\_  
Date