



## Authorization for Student Possession and Use of an Asthma Inhaler

In accordance with ORC 3313.716/3313.14

**A completed form must be provided to the school principal and/or nurse before the student may possess and use an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.**

STUDENT NAME:
STUDENT ADDRESS:

**This section must be completed and signed by the parent or guardian of the student.**

As the Parent/Guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

PARENT/GUARDIAN NAME:	DATE:
PARENT GUARDIAN SIGNATURE:	PARENT/GUARDIAN EMERGENCY #: (     )

**This section must be completed and signed by the student's physician.**

NAME AND DOSAGE OF MEDICATION:	
DATE MEDICATION ADMINISTRATION BEGINS:	DATE OF MEDICATION ADMINISTRATION ENDS (IF KNOWN):
PROCEDURES FOR THE SCHOOL EMPLOYEES IF THE MEDICATION DOES NOT PRODUCE THE EXPECTED RELIEF:	

**Possible severe adverse reactions:**

TO THE STUDENT FOR WHICH IT IS PRESCRIBED (THAT SHOULD BE REPORTED TO THE PRESCRIBER):	
TO A STUDENT FOR WHICH IT IS <b>NOT</b> PRESCRIBED WHO RECEIVES A DOSE:	
SPECIAL INSTRUCTIONS:	
PHYSICIAN NAME:	DATE:
PHYSICIAN SIGNATURE:	PHYSICIAN EMERGENCY TELEPHONE #: (     )

