Contoocook Valley School District

Inhaled Medication Administration Form

(Self-Administration)

Student's Name: _____ DOB___/___/_____

Student's Teacher: _____ Grade _____

Parent/Guardian Name: _____ Emergency Tel#: _____

Please list all medications student is taking at home (prescription and over-the-counter medications)

_____

_____

To be completed by health care provider:

Diagnosis/Condition _____

Please list any other medical conditions requiring medication, if not a violation of confidentiality or if not contrary to the request by parent/guardian to keep confidential.

_____

DOSE to be given at school and **ROUTE**: _____

FREQUENCY and **TIME(s)** to be given at school: _____

Specific recommendations for administration: _____

Special side effects, contraindications, and adverse reactions of this medication to be observed for:

_____

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

Yes ☐ No ☐

Lic. Prescriber's Signature: _____ Date ___/___/_____

Lic. Prescriber's Name (please print): _____

Business Tel#: _____ Emergency Tel# _____

PARENT/GUARDIAN ATHORIZATION

Yes ☐ No ☐ *I give permission for the release/exchange of pertinent information between the school nurse and the lic. prescriber's office by telephone, mail, or electronic exchange regarding all of the above medical and/or medication information concerning my child.*

Yes ☐ No ☐ *I give permission for other school personnel to be notified of the medication and any adverse effects.*

Signature of Parent/Guardian _____ Date ___/___/_____

My child has been instructed in the proper way to use his/her medications and should be allowed to carry and us that medication by him/herself without supervision and I give my child permission to do so.

Signature of Parent/Guardian _____ Date ___/___/_____

Parent will provide backup inhaler to be kept in the Health Office Yes ☐ No ☐ _____

Parent Initials

5/2012