



# HEALTH SERVICES

MELISSA SCHOOLS "A Special Time in a Special Place"

## Inhaler Self Administration Consent

This form is to be completed at the beginning of each school year and kept on file with the School Nurse in addition to the Medication Administration Consent Form.

Student's Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

This plan is in accordance with new legislation, HB1688, passed in 2001, which allows students to self-administer asthma medication/inhaler while at school or school functions with permission from the student's physician and parents.

**To be filled out by a Provider:**

***Provider Please Check One:***

I have instructed \_\_\_\_\_ (student name) in the proper way to use his/her inhaler. It is my professional opinion that \_\_\_\_\_ (student name) **should be** allowed to carry and self-administer his/her \_\_\_\_\_ (name of medication) inhaler while on school property or at school-related events. His/her parents are aware that there will not be an inhaler available in the school clinic unless they decide to provide an extra one.

It is my professional opinion that \_\_\_\_\_ (student name) **should NOT be** allowed to carry and self-administer any of his/her asthma inhaler while on school property or at school related events. It should be kept in the nurse clinic and be accessible to the student.

Provider: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Name Signature Date

Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**To be completed by Parent/Guardian:**

I permit my child to carry the above listed inhaler as ordered by his/her provider. I understand that my child, not the school, is responsible for the storage, possession, and use of the inhaler. I understand that sharing medication with other students will result in disciplinary action.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Student:**

I understand the purpose, appropriate method, and frequency of use of the above listed inhaler. I understand that I, not the school, am responsible for the storage, possession, and use of the inhaler. I understand that sharing the medication with other students is potentially dangerous and will result in disciplinary action.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by School Nurse:**

The student has demonstrated the proper use and care of his/her inhaler for the campus nurse.

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If the student does not follow the above agreement, the privilege of carrying and using his/her medication will be revoked.