

INFORMATION TO BE PROVIDED BY PHYSICIAN WHEN
STUDENT IS AUTHORIZED TO CARRY AN INHALER AT SCHOOL

STUDENT'S NAME _____ DATE _____

STUDENT'S ADDRESS _____

NAME OF MEDICATION INHALER: _____

DOSAGE AND TIME TO BE TAKEN: _____

DATE TO BEGIN ADMINISTRATION: _____

DATE TO CEASE ADMINISTRATION: _____

SPECIFIC INSTRUCTIONS FOR USE: _____

ADVERSE REACTIONS, IF ANY, THAT MIGHT OCCUR TO THE STUDENT USING
THE INHALER: _____

INSTRUCTIONS TO FOLLOW IF MEDICATION DOES NOT PRODUCE EXPECTED
RELIEF FROM STUDENT'S ASTHMA ATTACK: _____

POSSIBLE ADVERSE REACTIONS TO AN UNAUTHORIZED USER: _____

**The above named student knows and understands the proper use
of his/her Inhaler and should be allowed to carry it on his/her
person.**

Physician Name: _____ Physician's Emergency # _____

Physician's Signature _____ Date _____

A new form must be completed whenever the prescription changes and at the beginning of each school
year.