

Ohio Department of Health
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 symptoms, or before exercise to prevent the onset of asthmatic symptoms.

Student's name
Student address

This section must be completed and signed by the student's parent or guardian.

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 Signature	Date
Parent/Guardian Name	Parent/Guardian emergency telephone number ()

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

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)
Procedures for school employees if the medication does not produce the expected relief	
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Possible severe adverse reactions:

To the student for whom it is prescribed (that should be reported to the physician)
To a student whom it is <i>not</i> prescribed who receives a dose
Special Instructions
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Physician signature	Date
Physician Name	Physician emergency telephone number ()

Adapted from the Ohio Association of School Nurses