

WAYNE TRACE JR/SR HIGH SCHOOL

4915 US 127, Haviland, OH 45851

Authorization for Self-Medication for Asthma Inhalers
As required by Section 3313.716 Ohio Revised Code

Student's Name	<input type="text"/>	Date of Birth	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>
School	<input type="text"/>	Grade	<input type="text"/>	Phone	<input type="text"/>

Parent/Guardian Section

Please review the following steps required for permission for student to possess and use a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.

- Both the parent (top section) and the licensed prescriber (bottom section) must complete this form.
- New forms must be submitted each school year and for each new medication. New forms must be submitted when any changes in the original form occur (for example, changed in the dose, time, etc).

Name of Parent/Guardian	<input type="text"/>	Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
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Signature of Parent/Guardian	<input type="text"/>	Date	<input type="text"/>
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Licensed Prescriber Section

I verify that this medication must be taken by: Name of Student

Name and dose of medication	<input type="text"/>	Administration Start Date	<input type="text"/>	Exp. Date	<input type="text"/>
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Adverse reactions that may occur **to the child using the inhaler** and that should be reported to the physician

Adverse reactions that may **occur to another child, for whom the inhaler is not prescribed** should such a child receive a dose of the med.

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack:

Other special instructions:

Licensed prescriber's signature

Phone

Licensed prescriber printed name

Date