

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: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Phone: _____

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 change in the original form occurs (for example, changed in the dose, time, etc.)

Name of Parent/Guardian: _____ Home Phone: _____ Work Phone: _____

_____ Date: _____

Signature of Parent/Guardian

Licensed Prescriber Section

I verify that this medication must be taken by: _____

Name and dose of Medication: _____ Start Date: _____ Exp. Date: _____

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's printed name

Date