

FRANKLIN LOCAL SCHOOLS
AUTHORIZATION FOR THE POSSESSION AND USE OF ASTHMA INHALERS

Student Name: _____ Date: _____
Address: _____

Section I. (To be completed and signed by the Prescribing Provider/Physician)

Authorization is hereby given for the student named above to:

- () receive the prescribed medication indicated from the designated school personnel
() self-administer the prescribed medication as permitted by law

Medication: _____ Time(s) of Administration: _____
Dosage to be given per administration: _____
Date to begin medication: _____ Date to end medication: _____

Specific instructions for administering medication: _____
Possible side effects to watch for and actions to take, if any: _____
Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack: _____

I hereby certify that the above named student is under my care and request that the medication listed be administered in the manner and time frame described.

(Physician) (Physician Signature) Date Phone #

Section II. (To be completed by parent/guardian)

Phone number to reach parent/guardian in case of emergency: _____
Person(s) to be contacted in case of emergency when parent or guardian cannot be reached:
Name: _____ Phone: _____
Name: _____ Phone: _____

I request that school personnel honor the instruction of my child's physician, in that my child is permitted to receive the medication listed above in the manner and the timeframe as explained on this form.

I acknowledge by signing this form that school district personnel are under no obligation to render assistance in administering medication and release all school employees and the Board of Education from liability for damage or injury resulting from either performing or not performing the assistance requested.

I also understand that it is my responsibility to provide all necessary medication and supplies, and that any changes in instructions must be received in writing from the physician.

(Parent/Guardian Name) Date (Parent/Guardian Signature)