School Year 2024-2025

Clear Lake School District
Inhaler Administration Authorization Form

Student Name: _____ Allergies: _____

School: _____ DOB:_____ Grade:_____

For the student to receive the asthma-relieving medication for asthma:

- The asthma inhaler administration authorization form will be completed and signed by the parent and medical provider. The form will be given to the school district administrator or school nurse.
- The asthma inhaler medication label will include the student's name, the name of the medication, directions for use, and a date.
- Authorization of asthma relieving medication will be updated annually.

The student has the skill, knowledge, and authorization to use an asthma-relieving medication in the following manner:
____ Self-administer asthma-relieving medication and is responsible for knowing its location. The student will seek the school personnel's care if medication is unsuccessful in controlling his/her asthma.
____ Self-administer asthma relieving medication with access to another inhaler in the health office.
____ Student needs assistance administering their asthma relieving medication with the medication available in the health office.
____ Student needs assistance administering their asthma relieving medication with the medication available in their primary classroom. (Elementary only)

Drug name	Dosage	Indication	Frequency	Time(s)	Start date:	Stop date:	Side Effects:
1.							
2.							

I hereby give permission for school personnel to administer the medication(s) listed on this sheet to my child according to the practitioner and/or my instructions. I authorize them to contact the practitioner with questions or concerns. I further authorize the practitioner to render treatment to my child, as appropriate and necessary, from administering the medication.

Parent/Guardian Name: _____ Phone Number:_____

Signature: _____ Date:_____

<u>Practitioner Information:</u>

Practitioner Name: _____ Clinic: _____

Practitioner Signature:_____Date: _____ Phone: _____

<u>School Nurse Authorization:</u> _____ Date: _____