



6451 Center Street
Mentor, OH 44060

Authorization for Student Possession and/or 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 / or use an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.

Student 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/or 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 number

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

Name, dosage, and frequency of medication	
Date medication administration begins	Date medication administration ends (if known)

The above named student is authorized to: (check all that apply)

- Receive the prescribed medication indicated from the designated school personnel
- Keep emergency medication in his/her possession as permitted by law
- Self-administer the prescribed medication as trained by physician

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 which it is prescribed (that should be reported to the physician)
To a student for which it is not prescribed who receives a dose

Special instructions

Physician signature	Date
Physician name	Physician emergency telephone number

This section to be completed by school personnel:

Person(s) authorized to supervise consumption of drugs for this student: (The building administrator may, as set forth in board policy, designate a staff member to supervise the storage and dispensation of medication.)



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PARENTAL PERMISSION FOR ADMINISTRATION OF MEDICATION

TO: _____
Principal School

FOR: _____
Student Grade

We (I), the undersigned, who are the parent(s)/guardian(s) of _____ request that the administration of a drug be supervised in accordance with the instruction of our Physician, _____. We (I) understand that said drug is to be administered under the supervision of a member of the trained school staff, unless otherwise directed by our physician.

Further, we (I) the undersigned, agree to bring the above described drug to school in a container from the pharmacist properly labeled by same, this label to include name of the drug, student's name, physician's name, date, pharmacy name and telephone number, prescribed dosage and frequency and special handling and storage directions. A label is not required for over the counter drugs not dispensed by a pharmacist which are drugs prescribed by a physician and which are in their original container.

Administration of the prescribed drug will not be discontinued until the date set forth in the original or revised physician request form, or until the parent of the child withdraws permission of the Board to administer the drug.

The parents shall have sole responsibility to instruct their child to take the drug at the scheduled time, and the child has the responsibility for both presenting himself/herself on time and for taking the prescribed drug.

The parent/guardian, or other person having care or charge of the student shall immediately submit a revised statement to the building principal signed by the physician who prescribed the drug of changes are made to the drug treatment plan.

**Signature of Parent/Guardian: _____ Date: _____
Address of Parent/Guardian: _____
Telephone Numbers: Home: _____ Business: _____ Cell: _____

**If children are in a foster home and placement is by an agency that holds custody, agency personnel must sign. If the child is a ward, a court-appointed guardian must sign.