

**OFFICE OF BANNER CHRISTIAN SCHOOL
INHALER AUTHORIZATION
FOR USE WITH ASTHMA ACTION PLAN
Release and indemnification agreement**

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART 1 TO BE COMPLETED BY PARENT

I hereby request designated school personnel to administer an inhaler as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from law suits, claim expense, demand or action, ect., against them for helping this student use an inhaler, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required.

Inhaler _____ Renew al _____ New

(If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)

First dose was given: Date _____ Time _____

Student Name (Last, First, Middle)

Date of Birth

Allergies :

School :

School Year:

No LPN or clinic room aide shall administer inhaler or treatment, unless the principal has reviewed all the required clearances.

Parent or Guardian Signature

Daytime telephone

Date

Part II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER (LAY LANGUAGE, NO ABBREVIATIONS)

DIAGNOSIS:

LIST TRIGGERS:

SIGNS/ SYMPTOMS:

MEDICATION AND ROUTE:

DOSAGE TO BE GIVEN AT SCHOOL:

INTERVAL FOR REPEATING DOSAGE:

TIME TO BE GIVEN:

COMMON SIDE EFFECTS:

EFFECTIVE DATE:

If the student is taking more than one medication at school, list sequence which inhalers are to be taken.

START:

END:

Check the appropriate statement::

_____ I believe that this student has received information on how and when to use an inhaler and that he or she demonstrates its proper use.

_____ The student is to carry an inhaler during school and school sanctioned events with principal approval. (An additional inhaler, to be used as backup, WILL BE kept in the clinic or other approved school location.)

_____ It is not necessary for the student to carry his/her inhaler during school, the inhaler will be kept in the clinic or other approved school location.

_____ Asthma Action Plan is attached.

Licensed Health Care Provider (Print)

Licensed Health Care Provider (Signature)

Telephone or Fax

Date

Parent or Guardian

Parent or Guardian Signature

Telephone

Date

Student Signature (Required if student carries inhaler)

PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE

Check appropriate statement:

_____ Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written in the LHCP stationary or a prescription pad.)

_____ Inhaler is a appropriately labeled. _____ Date by which any unused inhaler is to be collected by the parent (within one week after expiration of the physician order or on the last day of school).

I have reviewed the proper use of the inhaler with the student and ___agree ___ disagree that student should self carry in school.

Signature

Date