



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.*

<b>Parent/Guardian signature</b>	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 <b>not</b> prescribed who receives a dose

Special instructions
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<b>Physician signature</b>	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.)