



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.)