

LONDON CITY SCHOOLS

380 Elm Street · London, Ohio 43140 · Telephone (740) 845-3272

Ohio Department of Health

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

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| 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 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.

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| Parent/Guardian signature | Date |
| Parent/Guardian name | Parent/Guardian emergency telephone number () |

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

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

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| Procedures for school employees if the medication does not produce the expected relief |
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Possible severe adverse reactions:

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| 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 |

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| Special instructions |
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| Physician signature | Date |
| Physician name | Physician emergency telephone number () |