

Lubbock Cooper I.S.D.

ASTHMA MEDICATION ---SELF ADMINISTERED INHALERS

I. Complete by parent or guardian:

Date: _____

I hereby give permission for my asthmatic child, _____, to self administer his/her prescribed inhaler. I also state that my child is capable of self-administering the prescription asthma medication as the physician ordered and storing it in accordance with Lubbock-Cooper I.S.D. Policy.

Parent/Guardian Signature: _____

II. Complete by physician:

Date: _____

Child's Name: _____ has asthma and is capable of self-administering the prescribed inhaled medication;

Medication and Purpose: _____

Prescribed Dosage: _____

Time at which or circumstances under which the medicine may be administered: _____

Period for which the medicine is prescribed: _____

Comments or Special instructions :

Physician signature: _____

Both parts must be completed and returned to the school nurse before a student can carry asthma medication at school.