

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.*

|                           |  |
|---------------------------|--|
| Parent/Guardian signature | Date   |
| Parent/Guardian name      | Parent/Guardian emergency telephone number<br>(        ) |

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

|                                       |  |
|---------------------------------------|--|
| 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 <b>not</b> prescribed who receives a dose               |

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| Special instructions |
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|                     |  |
|---------------------|--|
| Physician signature | Date   |
| Physician name      | Physician emergency telephone number<br>(        ) |

Adapted from the Ohio Association of School Nurses