

Asthma Inhalers and Airway Medications at School

After reading the attached policy, please read and complete this permission form and return to the nurse's office. Please notify the nurse of any changes that occur throughout the year.

Under a new law students may carry their own asthma inhalers, or airway meds at school. certain conditions must be met, as outlined in the attached information.

I authorize my child _____ to self administer their own asthma inhaler or airway medication at school. I understand that the Spirit Lake Community School District and its employees are to incur no liability, except for gross negligence, as a result of any injury arising from my child's self administration of medication. The school district, and its employees, acting reasonably and in good faith, shall incur no liability for any improper use of medication, or for supervising, monitoring, or interfering with a student's self-administration of medication.

Parent or Guardian Signature

Date

I have prescribed the following medication (asthma inhaler/airway medication)

_____ for this student _____

Name of Medication

Students Name

In this dosage: _____

Dosage and Instructions (Frequency of use)

For the purpose of: _____

Doctor's Signature

Date