

**AUTHORIZATION FOR STUDENT POSSESSION AND USE OF AN ASTHMA INHALER**

**Ohio Department of Health**

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.**

Student Name	Grade
Student Address	

**This section must be completed and signed by the student's parent(s)/guardian(s).**

*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 participant.*

Parent(s)/Guardian(s) Signature	Date
Printed Parent(s)/Guardian(s) Name	Parent(s)/Guardian(s) Emergency Telephone Number ( )

**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)

Procedures for school employees, if the medication does not produce the expected relief
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**Possible sever adverse reactions:**

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

Special instructions
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Physician Signature	Date
Printed Physician Name	Physician emergency telephone number ( )

Adapted from the Ohio Association of School Nurses

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