



LANSING SCHOOL DISTRICT #469
INHALER AUTHORIZATION

PART I TO BE COMPLETED BY PARENT OR GUARDIAN

I hereby request designated school personnel to administer an inhaler as directed by this authorization. I agree to release, indemnify and hold harmless the designated school personnel or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use an inhaler following the orders set forth below.

Inhaler [] Renewal [] New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)

First dose was given: Date: _____ Time: _____

Student Name: _____ Date of Birth: _____
Last, First, Middle

Table with 3 columns: Allergies, School, School Year

No nurse or building staff shall administer inhaler or treatment unless the principal has reviewed all the required clearances.

Parent or Guardian Signature Daytime Telephone # Date

PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER WITH NO ABBREVIATIONS

Diagnosis: List Triggers: Signs / Symptoms: Medication & Route: Dosage to be given at school: Interval for repeating dosage: Time to be given: Common Side Effects: EFFECTIVE DATE: Start: End: If the student is taking more than one medication at school, list sequence in which medication is to be taken:

- Check appropriate box:
[] I believe that the student has received adequate information on how and when to use an inhaler, and has demonstrated its proper use.
[] The student is to carry inhaler during school and during sanctioned events with principal approval. (An additional inhaler, to be used as back up, WILL BE kept in the school nurse's office or other approved school location.
[] It is not necessary for the student to carry his/her inhaler during school. The inhaler will be kept in the school nurse's office or other approved school location.
[] Asthma Action Plan is attached.

Licensed Health Care Provider (Print or Type) Licensed Health Care Provider (Signature) Phone or Fax Date
Parent or Guardian (Print or Type) Parent or Guardian (Signature) Telephone Date
Student Signature (Required if student carries inhaler)

PART III TO BE COMPLETED BY PHYSICIAN OR REGISTERED NURSE

Check as appropriate
[] Parts I and II above are completed, including signatures. (It is acceptable if all items in part II are written on the LHCP stationary or a prescription pad).
[] Inhaler is appropriately labeled. _____ Date by which any unused inhaler is to be collected by the parent (by expiration of the physician order or on the last day of school, whichever comes first.)
I have reviewed the proper use of the inhaler with the student and [] agree [] disagree that the student should self-carry in school.
Signature Date