



Authorization for Self-Carry/Administration of Metered Dose Inhalers During and After School Activities

FS 409.9071 Section 232.47 states that an asthmatic student may be able to carry a metered dose inhaler on their person while in school when they have written approval from the parent/guardian and physician. The principal shall be provided with a copy of the parent/physician's approval.

Student: _____ DOB: _____ Grade: _____

School: _____

Medication: _____ Dose: _____ Time: _____

Method of Administration: Metered Dose Inhaler Spacer: (Y/N) _____

Diagnosis: _____

Possible Side Effects/Precautions/Recommended Interventions: _____

Duration (dates) of Administration: From: _____ To: _____ (Limit: One year).

I request that my child be allowed to carry/self-administer his/her medication and be responsible for its proper storage and use. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with name of student. I will support my child to follow the above agreement and if s/he does not, I will be contacted and we will develop a new plan.

Parent/Guardian Date Daytime phone number

I have demonstrated the correct use/administration of this medication and agree to terms of this contract. I will keep medication in agreed location, will not share medication with others, and will come to the Clinic/Health Room if my symptoms continue or worsen after using medication:

Symptoms: _____

Student Date

I authorize this student to carry/self-administer the above medication. He/she has been trained to recognize signs and symptoms of asthma/breathing difficulties and how to correctly use the inhaler by me and/or my office staff.

Physician's Name/Stamp Phone number

Physician's Signature Date

- Extra inhaler in Health Room Original in Clinic/Health Room Copy to Student