

Shawnee Local Schools  
Self-Medication for Asthma Inhalers  
Authorization Form

\_\_\_\_\_  
Student Address

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Bus Driver(s) School Building

\_\_\_\_\_  
Name and Dose of Drug Contained in Inhaler Dosage to be Administered

\_\_\_\_\_  
Date administration to begin Date administration is to cease

Adverse reactions to the authorized user that should be reported to the physician: \_\_\_\_\_

Adverse reactions for unauthorized user: \_\_\_\_\_

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack: \_\_\_\_\_

Other special instructions: \_\_\_\_\_

\_\_\_\_\_  
Physician Name Physician Phone Number

\_\_\_\_\_  
Physician Signature Date

On behalf of my child, his/her other custodial parent, and myself, I hereby request that Shawnee Schools allow my child to carry his/her asthma inhaler at all times. In requesting this, I can verify that I have witnessed my child using his/her inhaler and feel he/she is competent to self-administer the inhaler when symptoms warrant. I also attest that my child will keep their inhaler under their control at all times and never share it with another student. I feel my child is mature enough to handle the inhaler responsibly and will report its use to an adult immediately so that the symptoms can be monitored. In addition, I acknowledge that the Shawnee School District, members of its Board of Education, and/or District Employees are not liable for damages that allegedly arise from granting permission to my child because of a good faith belief that the required written approvals have been received, from denying permission to my child because of a good faith belief that the required written approvals have not been received or from the use of the inhaler by a student for whom it was not prescribed.

\_\_\_\_\_  
Parent/Guardian Name Emergency contact phone number (Home)

\_\_\_\_\_  
Parent/Guardian Signature Emergency contact phone number (Parent/Work)

\_\_\_\_\_  
Date Emergency contact phone number (Other)