

**REQUEST FOR STUDENT TO CARRY AND SELF-ADMINISTER
ASTHMA INHALER AT SCHOOL**

The following conditions must be met in order for students to carry and self-administer asthma medication (inhaler) at school.

1. K-2 student's inhalers will be kept in the school office or with classroom teacher. These students may self-administer under supervision of the school nurse or other trained staff.
2. Grade 3-12 students may carry their own inhalers with them, pending completion of the Medication Permission Form (see other side).
3. The inhaler must be properly marked with student name in permanent ink.
4. The student will take the medication only in accordance with the prescribing health care provider's instructions and have clear understanding that the inhaler is never to be shared with another student.
5. Prior to self-administration of medication at school, the student will receive adequate instruction by the health care provider, this should include knowledge of desired effect and side-effects.
6. At the initiation of the medication usage in school the student must demonstrate adequate proficiency with their medication self-administration to the school nurse.
7. The student will be checked at least once annually by his/her health care provider.
8. The parent will be responsible for making sure the student brings the inhaler to school every day and for promptly replacing when outdated.

_____ *Student may carry and self-administer inhaler.*

_____ *Inhaler will be kept in office or classroom--adult supervision required.*

I certify and consent to act in accordance with the above statements and conditions:

Parent/Legal Guardian Signature: _____ Date: _____

**MSAD #46 Health Services
Medication Administration Request**

****Please Note: Parent signature is required before any medication will be given at school. Health Care Provider signature is required for any medication that will be given or available at school for more than 15 days.**

Student Name: _____ Date of Birth: _____ Grade: _____

School: _____

Health Care Provider: _____ Telephone: _____ Fax: _____
(Please Print)

Name and Dosage of Medication: _____

Reason for Medication (Diagnosis): _____

Time(s)/Route to be Administered: _____

Possible Side Effects: _____

I am aware that MSAD #46 does not have a full-time registered nurse in each school. I authorize non-medical personnel as designated by the school principal to administer this medication to my child if the school nurse is not available. I also give my permission for the school nurse/staff to contact the Health Care Provider prescribing this medication in the event that complications arise or clarifying information is needed. I understand that any medication sent to school must be in the original container.

Parent/Guardian Signature: _____ Date: _____

I, the student's Health Care Provider, feel that administration of medication to this student during school hours is absolutely necessary for the continued health of the student. I am aware that medication may be administered by trained non-medical personnel.

Health Care Provider's Signature: _____ Date: _____

****Both Parent and Health Care Provider must sign this authorization****

Medication Removal: At the end of the school year or the last day of student's enrollment, I choose the following method of medication disposal. I understand that if the medication is still in school seven (7) days after the last student day; the medication will be disposed of.

Parent will remove medication from school.

School nurse may dispose of medication.

*****Maine State Law permits students to carry and use epinephrine pens and inhalers after demonstrating appropriate use to the school nurse. Please read and fill out side 2 of this form if your child will be using an inhaler at school.*****

****Side 1 of this form should be completed for all medications. Side 1 and side 2 must be filled out and signed for Asthma Inhalers.**

**** Fill out both sides for asthma inhalers.****