SIOUX CITY COMMUNITY SCHOOL DISTRICT
AUTHORIZATION/PERMISSION FOR **INHALER/NEBULIZER** ADMINISTRATION

Student_____ Birthdate_____/_____/_____
(First) (Last) Mo. Day Yr.

School_____ School Year_____
Inhalers/Nebulizers, which cannot be managed at home, shall be administered at school when the following are on file at the school:

- Physician's signed and dated authorization which includes the: medication/procedure, dosage, route, time to be given at school, dosage repeat, symptoms, and side effects.
- Parent/Guardian signed and dated authorization.
- Medication/equipment delivered to school in the original packaging.
- A prescription label must be attached to the inhaler and / or inhaler carton and / or medication container.
- Authorization orders must match the prescription label on the medication container(s).
- Annual renewal of authorization/permission and immediate notification, in writing, of changes.
- Inhalers/Nebulizers will be kept in a secured area and shall be administered by qualified staff.

PHYSICIAN AUTHORIZATION/PERMISSION SECTION (To be filled out by physician)
The above named student is under my medical supervision. I have prescribed the following:

_____
Name of Inhaler/Nebulizer Medication **Dosage** **Route**

_____
Time to be given at school **How soon can dosage be repeated?**

_____
Describe symptoms for when inhaler/nebulizer treatment is indicated

_____
Anticipated reactions/possible side effects

Check blanks that apply*:*
_____ Child is knowledgeable about the inhaler/nebulizer and how to administer it.
_____ Child may self-administer inhaler/nebulizer.
_____ Child may carry inhaler on person.
OR
_____ Child needs supervision in administering inhaler/nebulizer.
_____ Inhaler needs to be kept in school/nurse office.

Physician Signature_____
Date_____Phone_____

PARENT/GUARDIAN AUTHORIZATION/PERMISSION SECTION
I request the above pupil be given the following while in school and school related activities. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication/procedure where the person administering the medication/procedure acts as an ordinarily reasonable prudent person would under the same or similar circumstances.

_____
Name of Inhaler/Nebulizer Medication **Dosage** **Time** **Route**

Check blanks that apply:
_____ Child is knowledgeable about the inhaler/nebulizer and how to administer it.
_____ Child may self-administer inhaler/nebulizer.
_____ Child may carry inhaler on person.
OR
_____ Child needs supervision in administering inhaler/nebulizer.
_____ Inhaler needs to be kept in school/nurse office.

Parent/Guardian Signature_____Date_____
H-28 (Rev 1/01)