

*Authorization for Possession/Self-Medication for Asthma Inhalers*  
*As required by Section 3313.716 Ohio Revised Code*

\_\_\_\_\_  
Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

***Parent/Guardian Section***

Please review the following steps required for permission for student to possess/use a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.

- ◆ Both the parent (top section) and the licensed prescriber (bottom section) must complete this form.
- ◆ New forms must be submitted each school year and for each new medication. New forms must be submitted when any changes in the original form occur (for example, changes in the dose, time, etc.)

\_\_\_\_\_  
*Name of Parent/Guardian* \_\_\_\_\_ *Home Phone* \_\_\_\_\_ *Cell Phone* \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_

***Licensed Prescriber Section***

I verify that this medication must be taken by: \_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Name and dose of medication contained in inhaler Administration Start Date Expiration Date

Adverse reactions that may occur ***to the child using the inhaler*** and that should be reported to the physician.

Adverse reactions that may ***occur to another child, for whom the inhaler is not prescribed***, should such a child receive a dose of the med.

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

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

As the prescriber, I have determined that this student is capable of possessing and using this inhaler appropriately and have provided the student with training in the proper use of the inhaler.

Student is unable to self-administer the medication. A trained individual should use this inhaler as prescribed.

\_\_\_\_\_  
*Licensed prescriber signature* \_\_\_\_\_ *Phone* \_\_\_\_\_

\_\_\_\_\_  
*Licensed prescriber printed name or stamp* \_\_\_\_\_ *Date* \_\_\_\_\_