

# MSAD 15 HEALTH SERVICES

## AUTHORIZATION TO ADMINISTER AN INHALER AT SCHOOL

\*\*Inhaler must be in the original box with the pharmacy label/physician order.

\*\*It is MSAD 15 practice to keep inhalers in the Nurse's Office for safety reasons and monitoring purposes.

\*\*The School Nurse will discard any medication remaining after the last day of school or after the student transfers out of MSAD 15.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Inhaler Medication \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Puffs per Dose \_\_\_\_\_ (If more than 1 puff, please note time interval between puffs \_\_\_\_\_)

**Specific Time(s) for Inhaler to be Administered** \_\_\_\_\_

Before gym	Yes	No	Gym Day _____	Gym Time _____
Before outside recess	Yes	No	Recess Time _____	
Before inside recess	Yes	No		
Before running Ks	Yes	No		

**"As Needed" Administration** Yes \_\_\_\_\_ No \_\_\_\_\_ Interval Between Doses: \_\_\_\_\_ Hours  
Typical symptoms necessitating "As Needed" use of inhaler \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Asthma/Reactive Airway medication(s) student is taking \_\_\_\_\_

**Peak Flow Values** Personal Best (100%-80%) \_\_\_\_\_ (Green Zone)  
(80%-50%) \_\_\_\_\_ (Yellow Zone)  
(50 & below) \_\_\_\_\_ (Red Zone)

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_ FAX \_\_\_\_\_

\*\*\*  
\_\_\_\_\_  
Physician's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent/Guardian Consent

I hereby request that school personnel administer the above medication to my child. I understand that the medication may be administered by licensed medical or by unlicensed non-medical personnel who have been trained to administer medication..

I give my permission for the Health Office staff to contact the above named physician to obtain medication orders and/or to discuss concerns regarding the medication.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Student health information is confidential. Pertinent details are disseminated to appropriate MSAD 15 staff members so they can respond knowledgeably to medical situations.

{For RN use: Dates Notified: T \_\_\_\_\_ PE \_\_\_\_\_ SAMP given \_\_\_\_\_ SAMP returned \_\_\_\_\_ Classroom/FT log \_\_\_\_\_ }