

ASTHMA CLARIFICATION FORM

Student Name: _____

My child has asthma and:

- My child has never required an inhaler for asthma symptoms.
- My child no longer requires an inhaler.
- I have included an inhaler with the signed medication administration form from a clinician.
- My child has only one inhaler and carries it with him/her and self-administers and I have signed the self-administration line below.
- I have included an inhaler with the signed medication administration form from a clinician and have signed the self-administration line below.

Parent/Guardian Name: _____

Parent/Guardian signature: _____

Date: _____

**If your child continues to have difficulty breathing after using his/her inhaler, you will be notified and if necessary, emergency medical services will be contacted.*

Self-Administration of Inhaler Permission Form

I give my permission for my child to self-medicate with his/her inhaler as outlined:

- My child may carry his/her inhaler during the school.
- My child knows the correct dose and time it must be taken.
- My child knows how to administer the medication properly.

If at any time the school nurse determines my child cannot comply with this outline, she may hold my child's inhaler in the nurse's office.

Parent/Guardian Name: _____

Parent/Guardian signature: _____

Date: _____

Reimagining What a School Can Be