Ohio Department of Health

Authorization for Student Possession and Use of an Asthma Inhaler

In accordance with ORC 3313.716/3313.14

A completed form must be provided to the school principal and/or nurse before the student may possess and use an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.

Student name
Student address

This section must be completed and signed by the student's parent or guardian.

As the Parent/Guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

Parent/Guardian signature	Date
Parent/Guardian name	Parent/Guardian emergency telephone number ( )

This section must be completed and signed by the student's physician.

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)

Procedures for school employees if the medication does not produce the expected relief

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the physician)
To a student for which it is ***not*** prescribed who receives a dose

Special instructions

Physician signature	Date
Physician name	Physician emergency telephone number ( )

Adapted from the Ohio Association of School Nurses

Emergency Action Plan for student with _____

Student name: _____ Age: _____ DOB: _____

Known Allergies: _____

List other additional information or significant special health concerns of this student:

_____

_____

*ACTIONS TO BE TAKEN:

_____

_____

_____

_____

_____

_____

Medication if needed: _____

_____

_____

Important Emergency numbers:

Father /Guardian: _____

Phone:

Cell _____

Work _____

Home _____

_____

Mother/Guardian: _____

Phone:

Cell _____

Work _____

Home _____