

**MCS D 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:	Grade:	School:
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Student Address:	DOB:
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**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. My child demonstrates proper administration, and has shown responsible behavior when it comes to carrying this medication. I will also provide another "back-up" inhaler (to be kept in the office) along with the completed form.

Parent/Guardian signature	Date:
Parent/Guardian Name	Phone 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	
<b>Possible severe adverse reactions:</b>	
To the student for which it is prescribed (Student or parent should report to physician these adverse reactions)	
To a student for which it is not prescribed who receives a dose	
Special instructions	

\*The student is not supervised when carrying their own inhaler; therefore, it is necessary to educate the student about proper independent administration. The prescribing physician must check off and sign the below required fields for student possession on school property:

- This student has been trained in the proper administration of the prescribed asthma inhaler, including:
- o Proper time intervals and specific symptoms indicating need for independent administration
  - o To notify school personnel when medication is not effective (15 minutes after administration)
  - o To request help by school personnel, when needed
  - o To keep medication on them at all times (and out of extreme heat or cold temperatures)
  - o Never share medication with others
  - o Student has completed a return demonstration in the office and is able to use medication appropriately

X \_\_\_\_\_  
Physician signature

X \_\_\_\_\_  
Date

X \_\_\_\_\_  
Physician name

X \_\_\_\_\_  
Physician emergency telephone number