



# DIOCESE OF TUCSON CATHOLIC SCHOOLS

## PERMISSION FOR A STUDENT TO SELF-ADMINISTER AN INHALER (Permission to be granted only in rare and unusual circumstances. Must be renewed annually.)

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher/Coach: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Amount to Be Taken: \_\_\_\_\_

Time to Be Taken: \_\_\_\_\_ Circle One: Daily As Needed

Duration of Treatment: From \_\_\_\_\_ To \_\_\_\_\_

I hereby authorize my child \_\_\_\_\_ to self-administer the above-named inhaler.  
(Name)

Any Known Drug or Food Allergy \_\_\_\_\_

### Request for Self-Administration of a Prescription Inhaler at School

Decisions to self-administer an inhaler at school will be made on a case-by-case basis. To initiate self-administration use of an inhaler will require a conference with the principal, school health personnel and the parent.

This inhaler is to be furnished by parent/guardian and is to be labeled in an original prescription container with student's name, name of medication, amount to be taken, time of day to be taken, and duration of treatment. This form signed by the prescribing medical provider must be kept with the inhaler.

**I have instructed my child NOT to make available, provide, or give this medication to any other student. My child will immediately report the loss or theft of this medication. I understand that I am liable for any consequences.**

Reason for taking medication \_\_\_\_\_

As ordered by \_\_\_\_\_ MD DO PA NP

\_\_\_\_\_  
Medical Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pharmacy and Prescription Number

\_\_\_\_\_  
Lot Number & Expiration Date

### Important Information--Please Read.

Parents assume full responsibility for the self-administration of any medication at school. The student and the parent are jointly responsible to assure that all necessary permission forms are kept with the medication at all times and that the medication is properly administered. The student is responsible to assure that the medication is not used by another student. It is against school policy for any student to share, distribute, or sell any medication. Policy dictates that any such action on the part of the student will result in severe disciplinary or legal action. The school assumes no responsibility for monitoring self-administered medications or any side effects thereof. The school health service will assist only with those medications deposited in the school health office.

Permission to carry and self-administer an inhaler should be given primarily to student athletes who might need this medication to participate in after-school sports when the health office is closed. It remains school policy that all medication taken during the hours when the health office is open is to be taken in the health office under supervision.

This original copy is to be maintained in the school health office and filed in the student's health record at the end of the school year. A copy is to be given to the teacher/coach and a copy is to be kept with the medication at all times.