

ASTHMA INHALER SELF-ADMINISTRATION PARENT RESPONSIBILITY

Student Name:

If student may administer medication:

I give authorization for self-administration and possession of asthma medication by my child while in school, at school-sponsored activities, while under supervision of school personnel, and while in before-school and after-school care on school-operated property. My child demonstrates a full understanding of the proper use of his/her asthma medication.

I take full responsibility for:

- Monitoring the asthma medication, medication use, and refilling of prescriptions for asthma medication
- Turning in the required medication authorization forms permitting my child to self-carry his/her emergency medication
- Ensuring that student has been taught correct use of asthma medication (symptoms requiring use of inhaler, name of medication, proper timing, shaking and method of inhalation, and frequency and dose-how much to use, and when medication can be used again)
- Ensuring that student agrees to not share medication with other students
- Ensuring the student always carries his/her medication on his/her person
- Ensuring that student is aware that adult staff member needs to be notified that he/she has used medication and seeks assistance in clinic if symptoms not relieved by inhaler within 10 minutes
- Deciding if backup medication will be kept at the school, and providing the school with the backup medication
- Informing school staff in writing of any changes in the student's treatment or asthma management or changed medical information (updated physician order may be required)
- Informing school staff in writing of any medication side effects that I (the parent) should be notified about if they occur
- *We strongly recommend that a back-up inhaler be kept in the school clinic. This prevents delay of emergency treatment for asthma symptoms if student should not have medication on his/her person at time of incident.*

I release Bishop Leibold Schools and its employees and agents of any legal responsibility related to my child's possession and self-administration of his/her asthma medication.

Parent Signature

Date