



# BISHOP HEELAN CATHOLIC SCHOOLS

## AUTHORIZATION/PERMISSION FOR INHALER/NEBULIZER ADMINISTRATION

Student \_\_\_\_\_  
(First) (Last)

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mo. Day Yr.

School \_\_\_\_\_

School Year \_\_\_\_\_

Inhalers/Nebulizers, which cannot be managed at home, shall be administered at school when the following are on file at the school:

- Physician's signed and dated authorization which includes the: medication/procedure, dosage, route, time to be given at school, dosage repeat, symptoms, and side effects.
- Parent/Guardian signed and dated authorization.
- Medication/equipment delivered to school in the original packaging.
- A prescription label must be attached to the inhaler and / or inhaler carton and / or medication container.
- Authorization orders must match the prescription label on the medication container(s).
- Annual renewal of authorization/permission and immediate notification, in writing, of changes.
- Inhaler/Nebulizer will be kept in a secured area and shall be administered by qualified staff.

### PHYSICIAN AUTHORIZATION/PERMISSION SECTION (To be filled out by physician)

The above named student is under my medical supervision. I have prescribed the following:

| Name of Inhaler or Nebulizer Medication | Dosage @ school | Route |
|---|-----------------|-------|
|---|-----------------|-------|

| Time @ school | How soon can dosage be repeated? | Diagnosis |
|---------------|----------------------------------|-----------|
|---------------|----------------------------------|-----------|

Describe symptoms for when inhaler or nebulizer treatment is indicated

Anticipated reactions/possible side effects

Check blanks that apply:

\_\_\_\_\_ Child is knowledgeable about the inhaler/nebulizer and how to administer it.

\_\_\_\_\_ Child may self-administer inhaler/nebulizer.

\_\_\_\_\_ Child may carry inhaler on person.

**OR**

\_\_\_\_\_ Child needs supervision in administering inhaler/nebulizer.

\_\_\_\_\_ Inhaler needs to be kept in school/nurse office.

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

### PARENT/GUARDIAN AUTHORIZATION/PERMISSION SECTION

I request the above pupil be given the following while in school and school related activities. I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication/procedure where the person administering the medication/procedure acts as an ordinarily reasonable prudent person would under the same or similar circumstances.

| Name of Inhaler or Nebulizer Medication | Dosage @ school | Time @ school | Route |
|---|-----------------|---------------|-------|
|---|-----------------|---------------|-------|

Check blanks that apply:

\_\_\_\_\_ Child is knowledgeable about the inhaler/nebulizer and how to administer it.

\_\_\_\_\_ Child may self-administer inhaler/nebulizer.

\_\_\_\_\_ Child may carry inhaler on person.

**OR**

\_\_\_\_\_ Child needs supervision in administering inhaler/nebulizer.

\_\_\_\_\_ Inhaler needs to be kept in school/nurse office.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_