

Authorization for Self-Carry/Administration of Metered Dose Inhalers During and After School Activities

FS 409.9071 Section 232.47 states that an asthmatic student may be able to carry a metered dose inhaler on their person while in school when they have written approval from the parent/guardian and physician. The principal shall be provided with a copy of the parent/physician's approval.

Student:	DOB:	Grade:
School:		
Medication:		
Method of Administration: Metered Dose Inhaler		Spacer: (Y/N)
Diagnosis:		
Possible Side Effects/Precautions/Recommended In	terventions:	
Duration (dates) of Administration: From:	To:	(Limit: One year).
I request that my child be allowed to carry/self-admi proper storage and use. I take responsibility for this in the original pharmacy container, labeled with nan above agreement and if s/he does not, I will be conta	permission. I und ne of student. I w	lerstand that the medication must be ill support my child to follow the
Parent/Guardian	Date	Daytime phone number
I have demonstrated the correct use/administration of contract. I will keep medication in agreed location, to the Clinic/Health Room if my symptoms continue	will not share med	lication with others, and will come
Symptoms:		
Student	Dat	e
I authorize this student to carry/self-administer the a recognize signs and symptoms of asthma/breathing cand/or my office staff.		
Physician's Name/Stamp	Phon	e number
Physician's Signature	Date	i de la companya del companya de la companya del companya de la co
Extra inhaler in Health Room Original	in Clinic/Health Ro	oom Copy to Student