OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
INHALER AUTHORIZATION

Release and indemnification agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART 1 TO BE COMPLETED BY PARENT

I hereby request designated school personnel to administer an inhaler as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use an inhaler, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required

Inhaler □ Renewal □ New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)

First dose was given: Date_____ Time_____

Student Name (Last, First, Middle)	Date of Birth

Allergies	School	School Year

No LPN or clinic room aide shall administer inhaler or treatment, unless the principal has reviewed all the required clearances.

_____ Parent or Guardian Signature

_____ Daytime Telephone

_____ Date

PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER (LAY LANGUAGE, NO ABBREVIATIONS)

DIAGNOSIS:	LIST TRIGGERS:
SIGNS / SYMPTOMS	MEDICATION AND ROUTE:
DOSAGE TO BE GIVEN AT SCHOOL	INTERVAL FOR REPEATING DOSAGE:
TIME TO BE GIVEN:	COMMON SIDE EFFECTS:
EFFECTIVE DATE: Start: End:	If the student is taking more than one medication at school, list sequence in which inhalers are to be taken

Check ✓ the appropriate boxes:

I believe that this student has received information on how and when to use an inhaler and that he or she demonstrates its proper use.

The student is to carry an inhaler during school and school sanctioned events with principal approval. (An additional inhaler, to be used as backup, WILL BE kept in the clinic or other approved school location.)

It is not necessary for the student to carry his/her inhaler during school, the inhaler will be kept in the clinic or other approved school location.

Asthma Action Plan is attached.

_____ Licensed Health Care Provider (Print)

_____ Licensed Health Care Provider (Signature)

_____ Telephone or Fax

_____ Date

_____ Parent or Guardian

_____ Parent or Guardian Signature

_____ Telephone

_____ Date

_____ Student Signature (Required if student carries inhaler)

_____ Date

PART III TO BE COMPLETED BY PRINCIPAL OR REGISTERED NURSE

Check ✓ as appropriate:

□ Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the LHCP stationery or a prescription pad.)

□ Inhaler is appropriately labeled. _____ Date by which any unused inhaler is to be collected by the parent (within one week after expiration of the physician order or on the last day of school).

I have reviewed the proper use of the inhaler with the student and, agree disagree, that student should self carry in school.

_____ Signature

_____ Date