

# GLENDALE UNIFIED SCHOOL DISTRICT

Health Services  
223 N. Jackson Street  
Glendale, CA 91206  
(818) 241-3111

## SELF-ADMINISTRATION OF PRESCRIBED MEDICATION (INHALED)

Re: \_\_\_\_\_  
School \_\_\_\_\_ Date \_\_\_\_\_  
Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Dear Doctor:

The parents of the above named student have advised us of your request to have their son/daughter carry an inhaler on his/her person to use for the relief of asthma symptoms.

State law and school board policy requires all medication administered during the school day be stored in the health office and administered only when physician's and parent's forms are on file. If, in your opinion, this student's medical condition requires immediate inhalation of prescribed medication and student's well-being is in jeopardy unless the inhaler is carried on his/her person, the statement below needs to be signed by you.

Thank you,

School Nurse

\_\_\_\_\_ is under my care for asthma. His/her condition  
*Student's Name*  
warrants immediate inhalation of \_\_\_\_\_ and it is required that this medication  
*Medication*

be carried on his/her person. This student has demonstrated knowledge of correct dosage and usage. Medication is to be used by the above student as follows:

_____	_____	_____
<i>Dosage</i>	<i>Time/frequency</i>	<i>Start/stop dates</i>
_____	_____	_____
<i>Physician's Signature</i>	<i>Address</i>	
_____	_____	_____
<i>Telephone number</i>	<i>Date</i>	

We the parents of \_\_\_\_\_ desire the \_\_\_\_\_ to  
*Student's name* *School*

comply with the orders of the above physician. WE ASSUME ALL RESPONSIBILITY AND LIABILITY for the above medication when it is brought on campus by our son/daughter.

_____	_____
Parent/Guardian	Date
_____	_____
Principal's Signature	Date