

BALDWINSVILLE CENTRAL SCHOOL DISTRICT

SELF ADMINISTERED INHALER ATTACHMENT

STUDENT INFORMATION (Attach photo to form)

Date: _____

Name: _____

Date of Birth: _____

Class & Teacher: _____

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 sole responsibility for:

- Monitoring the asthma medication, medication use, and refilling of prescriptions for asthma medication;
- Ensuring the student always carries his/her asthma medication on his/her person;
- 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; and
- Informing school staff in writing of any medication side effects that the school should notify me about if they occur.
- ***We strongly recommend that a back-up inhaler be kept in the nurse's office at school.***

I release the School District and its employees and agents of any legal responsibility related to my child's possession and self-administration of his or her asthma medication.

Parent Signature: _____