

Strongsville City Schools
Authorization for Student Possession and Use of an
Asthma Inhaler

In accordance with ORC 3313.716

A completed form must be provided to the clinic nurse before the student may possess and use an asthma inhaler in school to alleviate asthma symptoms, or before exercise to prevent the onset of asthma symptoms.

Student name	School
Student address	Grade

This section must be completed and signed by the student's parent or guardian.

As the Parent/Guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

Parent/Guardian name (print)	Parent/Guardian emergency telephone number
Parent/Guardian signature	Date

This section must be completed and signed by the licensed prescriber: must be the signature of a physician or nurse practitioner.

As the prescriber I agree to provide in writing a revised statement if any of the following information changes.

Name and dosage of medication	
Date medication administration begins	Date administration ends (if known)

Procedures for school employees if the medication does not produce the expected relief

Possible severe adverse reactions:

To the student to which it is prescribed (that should be reported to the prescriber)
To a student for which it is not prescribed who receives a dose

Special instructions

As the prescriber, I have determined that this student is capable of possessing and using this asthma inhaler appropriately and have provided the student with training in the proper use of the asthma inhaler.

Prescriber name (print)	Prescriber emergency telephone number
Prescriber signature	Date