



Authorization for Personal Use of Inhaler at School

Date: _____

Dear Doctor:

The parents of _____ attending _____ School have advised us of your recommendation to have their son/daughter carry an albuterol inhaler on their person to use for relief of asthma symptoms.

Normally we require all medications to be stored in the Health Office. Students are given a special pass to the office and staff is trained to allow immediate access to the health office for any student complaining of asthma symptoms. This practice provides for the safety of all students on campus by preventing loss or theft of the medication and it protects the affected student by ascertaining that the medication is not left at home, used improperly, is ineffective or there is a need requiring further intervention. Additionally, careful records are kept of the medications use and these records are reviewed by a specially credentialed registered nurse who may contact parents or the physician when prudent.

If your treatment plan for this student's medical condition requires immediate inhalation of the prescribed medication, and you feel the benefits of this intervention outweigh the risk inherent with circumventing our procedures, please fill out the statement below.

_____ is under my care for asthma, and his/her condition warrants immediate **inhalation of Albuterol**. The above-named student requires carrying this medication on his/her person. The student has demonstrated knowledge of correct dosage and usage.

Medication is to be used by above student as follows:

Dose: _____ Time: _____ Start Date: _____ Discontinue: _____

Comments or additional instructions:

Physician's Signature

Physician's Printed name, address and phone number or clinic stamp:

We, the parents of _____ request the Jurupa Unified School District to comply with the recommendation of the above physician and consent for school personnel and the above physician to exchange confidential information as needed to implement and monitor this asthma treatment plan. We assume all responsibility and liability for the above medication when it is brought on campus by our son/daughter.

Father/Guardian Signature

Mother/Guardian Signature