## $\frac{\text{AUTHORIZATION FOR THE POSSESSION AND USE OF ASTHMA INHALER/OTHER}{\text{EMERGENCY MEDICATION(S)}}$

Student Name: _			Date:
Address:			
Authorization is h	nereby given for the student named above	to:	
[]	receive the prescribed medicati personnel. keep emergency medication in his self-administer the prescribed med	s/her possessio	on.
Medication Name	e;		
Date the adminis	tration is to begin:tration is to cease:		
Adverse reaction	s that should be reported to the prescribe	r:	
Adverse reaction	s for unauthorized user:		
Procedure to foll asthma attack or	low in the event that medication does no other condition requiring emergency med	ot produce the lication:	expected relief from student'
Other special ins	tructions:		
Prescriber and p	parent/guardian names, signature, and o	emergency pl	none numbers are required.
Prescriber name		Phone:	
Signature:		Date: _	
Parent/guardian	name:	Phone:	(Home) (Work) (Other)
Signature:		Date: _	
Copies must be building.	provided to Principal and to the School	ol Nurse if one	e is assigned to the student

12/05