

AUTHORIZATION TO CARRY METERED DOSE INHALER FOR ASTHMA

NAME _____ BIRTHDATE _____
ADDRESS: _____ CITY: _____ ZIP: _____
TELEPHONE: _____ PARENT/GUARDIAN _____

I. Parent/Guardian Permission:

I hereby request and give permission for my child to be allowed to carry his/her MDI (Metered Dose Inhaler) per Florida State Legislature Statute, Title XVI, 232.47 Asthmatic students: possession of inhalers, while in school and away from school for activities according to written directions from my child's physician as outlined below. I will notify the school immediately if the health status of my child changes, we change physicians, we change home, work, or emergency telephone numbers, or there is a change or cancellation of the medication order I understand that it is my responsibility ensure that my child has a functioning labeled inhaler within the expiration date for his/her use. The school nurse is authorized to provide training to any school personnel regarding the use of inhalers,

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____
PRINCIPALS SIGNATURE: _____ DATE: _____

II. PHYSICIAN'S ORDERS:

_____ Requires the administration of _____
(child's name)

in the event of: _____

MEDICATION: _____ DOSAGE: _____

METHOD OF ADMINISTRATION: _____

OTHER INSTRUCTIONS: _____

STUDENT MAY CARRY AND SELF-ADMINISTER THE MEDICATION
(PLEASE CHECK): YES ____ NO ____

PHYSICIANS SIGNATURE: _____

A NEW AUTHORIZATION IS REQUIRED EACH SCHOOL YEAR