

AUTHORIZATION FOR INHALER

Connecticut State Law requires an M.D.'s, A.P.R.N.'s, or PAC's written order and parent/ guardian's authorization.

PRESCRIBER'S ORDER

Name of Child _____ Grade _____ DOB _____

Condition for which drug is being administered during school hours _____

DRUG: Name, dose and method of administration _____

Duration of administration (date) _____ to (date) _____

Relevant side effects to be observed, if any _____

If there are side effects, plan for management _____

Authorized Prescriber's Name (print) _____

Phone (_____) _____ Fax (_____) _____

Authorized Prescriber's Signature _____ Date _____

Parent or Guardian Signature _____ Date _____



SELF CARRY INHALER PERMISSION
(Grade 4 and above)

We _____ and _____
(Authorized Prescriber) (Parent/Guardian)

request that _____ be permitted to carry the inhaler on his/her person or to keep same in his/her locker, as we consider him/her responsible. _____ has been instructed in, and understands the purpose and appropriate method and frequency of use of the inhaler.

We, the undersigned, absolve the school of any responsibility in safeguarding the student's inhaler or for any untoward side effects, should the student not use the inhaler properly while it is in his/her possession.

Authorized Prescriber _____ Date _____

Parent or Guardian _____ Date _____

School Nurse _____ Date _____