

Self-Medication Agreement for Prescription Inhalers

Students who are developmentally and/or behaviorally able, will be allowed to self-administer prescription inhalers, subject to the following:

1. Self administration of prescription inhaler requires permission from parent, school administrator and physician. Physician consent is to be included on the prescription label or on the medication consent form.
2. The inhaler must be kept in its appropriately labeled, original container, as follows:
 - Prescription inhaler label must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions. Physicians consent for self administration is to be on the label or medication consent form.
3. Sharing and/or borrowing of the inhaler with another student is strictly prohibited.
4. Permission to self-medicate may be revoked if the student violates school district policy governing administration of noninjectable medication and/or these regulations.

I have read and agree to the above criteria and give permission for my child to carry

_____ (name of medication)

(Parent/guardian signature)

Date: _____

I agree to comply with the above criteria.

(Student signature)

Date: _____

This student may carry and self administer this medication as prescribed:

(School Administrator or designee)

Date: _____

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