

Orange County Public Schools

Authorization for Self-Carry/Administration of Metered Dose Inhalers At School and After-School Activities

FS 409.9071 Section 232.47 states that an asthmatic student may be able to carry a metered dose inhaler on their person while in school when they have written approval from their parents and their physician. The school principal shall be provided with a copy of the parent/physician's approval.

Student _____ DOB _____ Grade _____

School _____

Medication _____ Dose _____ Time _____

Method of Administration _____ Metered Dose Inhaler _____ Spacer (Y/N) _____

Diagnosis _____

Possible Side Effects/Precautions/Recommended Interventions: _____

Other: _____

Duration (dates) of Administration: From _____ To _____ (Limit of one school year)

I request that my child be allowed to carry/self-administer his/her medication and be responsible for its proper storage and use. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with name of student. I will support my child to follow the above agreement and if s/he does not, I will be contacted and we will develop a new plan.

Parent/Guardian _____ Date _____ Daytime Telephone Number _____

I have demonstrated the correct use/administration of this medication and agree to terms of this contract. I will keep medication in agreed location, will not share medication with others, and will come to the Health Room if having the following symptoms after using medication: _____

Student _____ Date _____

I authorize this student to carry/self-administer the above medication.

Physician's Name _____ Phone Number _____

Physician's Signature _____ Date _____

Extra Inhaler in Health Room

Copy to Principal