



435 S. 6th Street Emmaus, PA 18049
610-965-9220 School ~ 610-967-4521 Fax
www.stann-emmaus.org

AUTHORIZATION FOR CARRYING ASTHMA INHALER BY STUDENT

Name of Student: _____ Date of Birth: _____

School: St. ANN SCHOOL, EMMAUS Grade: _____

To Be Completed By Parent/Guardian

My child has used an inhaler since age _____

I understand and agree that:

1. The inhaler will be furnished by me.
2. The inhaler must be labeled with the name of the student and the medication.
3. My child is to carry his/her inhaler at all times while at school and on the bus.
4. My child has been trained adequately on the correct use of the inhaler.
5. My child will notify the nurse each time the inhaler is used.

Signature of Parent/Guardian

Date

To Be Completed by Student

I understand and agree that:

1. I will be responsible for carrying my inhaler if authorized by my parent and physician to do so.
2. I will **NEVER loan my inhaler to anyone else or invite anyone to try it.** If I do so, I may face disciplinary action.
3. I will demonstrate to the school nurse proper technique in using my inhaler.
4. I will notify the school nurse each time I use my inhaler, and will go to the health room **immediately** if there is no improvement following inhaler use.

Signature of Student

Date

To Be Completed by School Nurse

This student has demonstrated proper inhaler use in my presence.

Signature of School Nurse

Date

This form MUST be accompanied by an "Authorization for Medication During School Hours" form signed by both the parent/guardian and the physician.

This Inhaler Authorization MUST be renewed each school year.