



Dublin City School District

Request for Student to Carry and Administer Own Prescription Medication by Inhaler

Students
5330 F3
Revised 12/8/09
English

Student's Name _____ School/Grade/Teacher _____

- The student's Ohio licensed health care provider must complete and sign Section I of this form.
- Parent or guardian must complete and sign Section II of this form.
- This form must be on file in the student's health record at school before student may self-administer prescription medication by inhaler. A separate form is required for each medication.
- A copy of this form must be carried with student who will be using the inhaler.

I. Prescriber's Section

Prescriber's name/title (printed): _____ Phone: _____

This is to certify that _____ (student's name) is under my care and should be allowed to carry and administer his/her own personal medication by inhaler. I hereby stipulate that the immediate administration of medication during bronchial spasm is medically necessary and that even a five-minute delay in administering that medication could lead to serious medical complications. I further stipulate that the above-named student has been instructed and demonstrates knowledge of the proper circumstances in which this medication should be administered as well as the proper care, storage, and administration of the below-indicated medication

Inhaler medication name and strength	
Dose (# of puffs)	
Time (during school or school activity)	
Severe adverse reactions to be reported to prescriber	
Special instructions for administration	
Possible side effects	
Special storage instructions	
Starting date of this request	
Expiration date of this request	

Prescriber's signature/title: _____ Date: _____

II. Parent/Guardian's Section

I hereby request and give my permission for my child to carry an inhaler and to administer his or her own medication in keeping with the prescriber's section above. Further, I hereby release from liability, and in addition agree to indemnify, all school employees and the Board of Education for damages or injury resulting from the use, misuse, or nonuse of such medication except as such Board or its employees are grossly negligent or engage in wanton or reckless misconduct.

I further agree to submit a revised statement signed by the prescriber if any of the information provided by the prescriber changes.

I have read and understand the policy of the Dublin City Schools for administration of medication and affirm that this request entails special circumstances justifying an exception from the usual administration of medication at school by school personnel.

Parent/Guardian signature: _____ Date: _____

Home address: _____ Daytime phone: _____