

Logan-Hocking Schools Request For Student Inhaler Possession

In order for a student to possess the inhaler he/she must have written approval from the student's physician and parent or other caretaker. The principal and/or the school nurse must have received copies of these required written approvals.

Student Name _____ Grade _____

TO THE PHYSICIAN: Please complete all areas of this form. All information requested is required by Ohio Law. Thank you.

Medication _____

Dosage _____ Times to be given _____

Method of Administration _____

Date administration of this drug is to begin _____

Date administration of this drug is to cease _____

Possible side effects or adverse reactions to watch for _____

Expected length of time for medicine to produce effect _____

Provide instructions which outline the procedures school personnel should follow in the event that the asthma medication does not produce the expected relief from the student's asthma attack

Describe what, if any, severe reactions may occur to another student for whom the inhaler is not prescribed, should he/she receive a dose of the medication

Please provide any other special instructions _____

Doctor Signature: _____ Date: _____

Doctor's Printed Name: _____ Address: _____

Phone: _____

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I give permission for the above named drug to be administered to my son/daughter,

Student Name
Parent/Guardian

Signature: _____ Date: _____

Address: _____ Phone: _____

Emergency Number & Contact or Location _____