

Inhaler Authorization 2024-25

Student Name			
Date of Birth			_
Known Allergies:			-
Part I to be completed by Parent or Guardia	n		
	nity School at Meadow Vi	irected by this authorization for the 2019 – 2020 academ iew, the designated school personnel, or agents from lav an inhaler.	
Inhaler: Renewal New (If new, the firs	st full dose must be given	at home to assure that the student does not have a	
negative reaction.) First dose was given: Date		Time	
	16'		
Parent or Guardian Name (Print or Type) Paren	nt Signature	Date	
Part II and III to be completed by a Licensed	Health Care Provider	(Lay language, no abbreviations)	
DIAGNOSIS:			
LIST TRIGGERS:			_
SIGNS / SYMPTOMS:			
MEDICATION AND ROUTE:			
EFFECTIVE DATE:	Start:	End:	
PART III This patient has received information on how and v Please check either a or b below:	vhen to use an inhaler an	nd that he or she demonstrates its proper use.	
the FRONT DESK in an approved school medication	locked box.	ned events. An additional inhaler, to be used as backup, iol, the inhaler can be kept at the FRONT DESK in an appro	
Licensed Health Care Provider (Print or Type)			_
Licensed Health Care Provider Signature	Phone	Date	