

**ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS
FOR INHALERS TO BE CARRIED BY STUDENTS**

Name of Pupil _____ Birthdate: _____
(Please print)

Address _____ Home Phone: _____

School: _____ Date: _____

TO THE HEALTH CARE PROVIDER:

Your patient has advised the school staff that he/she may carry and use an inhaler during school hours.

Please complete and sign this form if an inhaler prescribed for a school age child may be used during school hours. This form is required by California Education Code, Section 11753.1, to authorized school personnel to permit the child to carry and use an inhaler at his/her own discretion.

- **Diagnosis or reason for medication:**

- **Inhaler prescribed, dosage, time to be taken:**

- **Any special instruction, precautions, or possible side effects:**

- **How long will this medication be necessary?**

Signature of Provider: _____ Phone: _____

Print Name of Provider: _____

TO THE PARENT OR GUARDIAN: The inhaler may be carried by the student and used as prescribed after this form has been filed with your school office.

PLEASE SIGN THE FOLLOWING STATEMENT: I request that the school permit my child to carry and use an inhaler during school hours as prescribed by his/her physician.

Signature of parent or guardian: _____ Date: _____

Print name of parent or guardian: _____