<u>ASTHMA INHALERS – SELF-ADMINISTRATION BY STUDENTS</u>

Students' Name	Grade	Date
To self medicate, the student	t must be able to: (check all tha	at apply)
1. Identify his/her r	medication.	
2. Demonstrate the	proper technique for self-admi	nistering his/her medication.
3. Demonstrate a c	ooperative attitude in all aspect	s of self-administration of medication.
Name of Medication	Dosage	Frequency
	as demonstrated the ability to so ated by the criteria listed above.	elf-administer the physician-prescribed
 Date		Signature (Physician)
responsibility for the benefits prescribed and parent/guard responsibility for ensuring the for the above named medica	or consequences of the above ian authorized. I further acknown at the medication is taken. I an	ne school district and its employees of any listed medication when it is physician-wledge that the school bears no in aware that any improper use/sharing confiscation of the inhaler and loss of d.
Date		Parent/Guardian Signature
• .	well as the district's medication	o follow the directions for its use as policy. I am aware that any abuse of
 Date		Student's Signature