

GLENDALE UNIFIED SCHOOL DISTRICT

Health Services
223 N. Jackson Street
Glendale, CA 91206
(818) 241-3111

SELF-ADMINISTRATION OF PRESCRIBED MEDICATION (INHALED)

Re: _____
School _____ Date _____
Student's Name _____ Birthdate _____

Dear Doctor:

The parents of the above named student have advised us of your request to have their son/daughter carry an inhaler on his/her person to use for the relief of asthma symptoms.

State law and school board policy requires all medication administered during the school day be stored in the health office and administered only when physician's and parent's forms are on file. If, in your opinion, this student's medical condition requires immediate inhalation of prescribed medication and student's well-being is in jeopardy unless the inhaler is carried on his/her person, the statement below needs to be signed by you.

Thank you,

School Nurse

_____ is under my care for asthma. His/her condition
Student's Name

warrants immediate inhalation of _____ and it is required that this medication
Medication

be carried on his/her person. This student has demonstrated knowledge of correct dosage and usage. Medication is to be used by the above student as follows:

_____ *Dosage* _____ *Time/frequency* _____ *Start/stop dates*

_____ *Physician's Signature* _____ *Address*

_____ *Telephone number* _____ *Date*

We the parents of _____ desire the _____ to
Student's name *School*

comply with the orders of the above physician. WE ASSUME ALL RESPONSIBILITY AND LIABILITY for the above medication when it is brought on campus by our son/daughter.

_____ *Parent/Guardian* _____ *Date*

_____ *Principal's Signature* _____ *Date*