

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

Name of Student \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER**

**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 Section 11753.1, California Education Code, to authorize school personnel to permit the child to carry and use an inhaler at his/her own discretion.

Date \_\_\_\_\_

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 Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Printed Name of Health Care Provider \_\_\_\_\_

Address \_\_\_\_\_

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**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN**

**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 health 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 \_\_\_\_\_

**(Medication Form on reversed side)**