

**Lincoln Christian School**  
**Inhaled Asthma Medications Administration Form**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

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**To Be Completed by Student**

I have read and understand the medication policy on the reverse side of this form. I agree to abide by the policy.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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**To Be Completed by Parent**

I am the parent/guardian with legal custody of the above named student. I have read and understand the medication policy on the reverse side of this form. I understand that LCS and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by my child. I agree to abide by the medication policy and:

**One of the following options must be checked:**

- I request that my child be allowed to carry and self-administer the physician-ordered inhaled asthma medication listed below. I understand that my student and I are responsible for safeguarding the carried medication. I agree to provide the school with an additional supply of the medication ordered below, which can be administered by the school nurse or my student in the event that my student does not have his/her self-carried medication.
- I request that the school nurse administer the physician-ordered inhaled asthma medication listed below. In the absence of a school nurse an employee designated by the school will deliver the medication for the student to self-administer. I understand that I will be notified if my student self-administers this medication.

\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Signature Printed Signature Date

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**To Be Completed by Physician**

Student Name \_\_\_\_\_ Diagnosis \_\_\_\_\_

Medication Order \_\_\_\_\_

**Note: If ordered, p.r.n. the interval for repetition of the dose must be specified.**

Side Effects to Expect \_\_\_\_\_

**One of the following options must be checked:**

- In my professional opinion, it is medically necessary that this student be allowed to **carry and self-administer** the above medication. I verify that this student has the knowledge and skills to safely administer and safeguard this medication.
- I authorize this medication to be administered by a RN or LPN. In the event that a nurse is not available, I authorize this student to self-administer the above medication. I verify that this student has the knowledge and skills to safely administer this medication. I understand that the student's parent/guardian will be notified if the student self-administers.

**Review policy on backside before signing**

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Student Carried Medication**

When physicians and parents request that inhaled asthma medication be student carried and self-administered, this policy will be followed.

- Carrying inhaled asthma medication or self-administration of inhaled asthma medication without specific prior permission is strictly prohibited.
- Only those inhaled asthma medications that are considered to be life sustaining may be carried by students in grades K-5<sup>th</sup>.
- Controlled substances may not be student carried and self-administered under any circumstance. Controlled substances must be administered by designated school personnel.
- No experimental or investigational drug without proper FDA approval or expired medication will be self-administered at school.
- Student carried inhaled asthma medications must meet the labeling requirements described in the student handbook.
- A completed “Inhaled Asthma Medication Administration Form” must be on file in the Health Room for any inhaled asthma medication carried by any student. A form is required each school year. In the event of a change in dosage amount or time of administration, a new form must be completed.
- It is the responsibility of the prescribing physician and the parent/guardian to educate the student regarding all aspects of self-administration and custody of inhaled asthma medications.
- Inhaled asthma medications may not be self-administered in a manner other than that specified on the label without written instructions from a licensed physician.
- The school and its employees and agents shall incur no liability as a result of any injury arising from the self-administration of medication by any student.
- Any student who carries an approved inhaled asthma medication is responsible for safeguarding that medication. LCS employees will not be responsible for monitoring administration, effects, custody, disposal, or any other aspect of student carried medications. These responsibilities rest with the student and parent or guardian.
- Permission to carry inhaled asthma medication may be withdrawn for failure to comply with any aspect of this policy.

## **Self-Administered Inhaled Medications in the Absence of a RN or LPN**

- When ordered by a physician and requested by a parent/guardian, non-nurse employees will provide access to inhaled asthma medications for the purpose of self-administration upon request of the student.
- Non-nurse employees of LCS will not be responsible for assessment or determination of the student’s condition prior to or after self-administration of an inhaled asthma medication.
- Students will be allowed to self-medicate as requested by the physician and parent/guardian in the absence of a school nurse.
- The student may do peak flow readings if requested by the parent/guardian or physician.
- A parent/guardian will be notified as soon as possible when a student self-medicates due to unavailability of a RN or LPN.
- The parent/guardian will determine if the student is able to resume school activities.