



SELF-MEDICATION FOR ASTHMA INHALERS AUTHORIZATION

Student Name Date

Medication Name

Dosage

Date the administration is to begin

Date the administration is to cease.....

Adverse reactions that should be reported to the physician

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Adverse reactions for unauthorized user

.....

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack

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Other special instructions

.....

Physician Name Phone Number

Physician Signature Date

PARENT/GUARDIAN

I, individually and as the parent/guardian of the student mentioned above, release, indemnify, and hold harmless the Archdiocese of Cincinnati, the School, the Parish, and their employees, agents, and religious from any liability, claim, damage, cost, expense, or fee that arises, directly or indirectly, out of the presence of the medication/inhaler in the School or its use by the student.

Parent/Guardian Name Phone Number

Parent/Guardian Signature Date