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**ASTHMA MEDICATION  
SELF-ADMINISTRATION FORM**

The school, by law, must permit the self-administration of medication for asthma by a pupil once certain conditions have been met.

- The medication must pertain to the pupil’s asthma and have an individual prescription label.
- A physician, physician assistant, or advance practice registered nurse having authority to prescribe such medication must prescribe the medication.
- The pupil’s parents or guardians must provide the school with written authorization for self-administration of the medication (“self-administration” means that the pupil has the discretion as to the use of his or her medication).
- The pupil agrees to never share the inhaler with another person.
- The pupil agrees that if there is not marked improvement after two puffs, he/she will notify a teacher or other responsible adult who will seek further medical intervention as outlined in the pupil’s asthma management plan.
- The parents or guardians must also provide the school with a written statement from the pupil’s physician, physician assistant, or advance practice registered nurse. This statement must contain the following information. (You may have the above stated health care professional complete this form)

1. Student Name \_\_\_\_\_ Grade \_\_\_\_\_
2. Name and purpose of the medication \_\_\_\_\_
3. Prescribed dosage \_\_\_\_\_
4. The time or times at which, or the special circumstances under which the medication is to be administered  
\_\_\_\_\_
5. Possible Side Effects \_\_\_\_\_
6. Physician certifies that student has capability to carry and self-administer the above medication.

Physician’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

The Athens Community Unit School District #213, along with its employees and agents, incur no liability (except for willful and wanton conduct) as a result of any injury arising from the pupil’s self-administration of asthma medication. The parents or guardians of the pupil must sign below acknowledging that the District or school has no liability (except willful and wanton conduct) as a result to the self-medication. The parents or guardians by their signature indemnify and hold harmless the District or school, along with its employees and agents, against any claims as a result to the self-medication (except a claim based upon willful and wanton conduct).

Parent/Guardian Name \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL.**