

**Williamsport Area School District
Division of Student Services
Department of School Health Services**

PHYSICIAN'S ORDER FOR ASTHMA INHALER MEDICATION

Name of Student: _____

DOB: _____

Allergies: _____

Medication	Strength	Dosage	Time to be Given	Route of Administration	Duration of Order

****Medication may be given 60 minutes before or after time indicated.**

Type of Asthma (Bronchial, allergic, exercise-induced): _____

Possible Side Effects: _____

Child is knowledgeable about this medication and how to administer it.

Child may carry inhaler and self administer medication.

Physician's Name – **PRINTED**

Physician's Signature

Phone

Date

(OVER ↻)

Side B

**PARENTAL AUTHORIZATION AND INDEMNIFICATION
FOR THE DISPENSATION OF ASTHMA INHALER MEDICINE**

I, _____, parent or legal guardian of
(name of parent)

_____, hereby authorize the Williamsport Area School
(name of student)

District and its nurses and/or designated employees to permit my child to carry and to self administer his/her asthma medication. Prescription medicine will be accompanied by the prescribing physician's instructions.

I agree that the District and its employees are not to be held liable for allowing self-administration of asthma medicine in accordance with this Authorization. I agree to hold harmless and indemnify the Williamsport Area School District and all of its employees against any and all claims, damages, expenses, attorney's fees, suits, cause or causes of action that may be brought against the District or its employees in connection with permitting self-administration. I acknowledge that the District and its employees bear no responsibility for ensuring that the medication is taken as prescribed.

This Authorization shall be effective unless revoked by me in writing. I intend to be legally bound by this Authorization. This authorization and the accompanying prescription must be renewed for each school year.

I understand that failure to adhere to the asthma policy will result in a loss of privilege to carry inhaler for the remainder of the current school year (and subsequent disciplinary action).

Signature of Parent and/or Guardian

Date