$\frac{\text{AUTHORIZATION FOR THE POSSESSION AND USE OF ASTHMA INHALER}{\text{\underline{EMERGENCY MEDICATION(S)}}}$

Student Nam	ne:										_ Da	te: _					
Address:																	
Authorization	n is hereb	y given for the	stud	lent nan	ned	l abov	e to:										
	[] [] []	receive the personnel. keep emerg self-adminis	ency	/ medica	atio	n in h	is/he	r po	ssess	ioi	٦.			J	nate	d s	chool
Medication N	Name:																
		on is to begin: _ on is to cease: _															
Adverse read	ctions tha	t should be rep	orte	d to the	pre	escrib	er: _										
Adverse read	ctions for	unauthorized (iser:														
		n the event that condition req															dent's
Other specia	al instruct	ions:															
Prescriber a	and pare	nt/guardian na															
Prescriber na	ame:							F	Phone	e: _							
Signature:								D	ate: _								
Parent/guard	dian nam	e:						P	hone:	(Wor	k)					
Signature:								[Date:								
Copies must	t be prov	vided to Princi	oal a	and to	the	Scho	ol N	lurse	if or	ne	is a	ssig	nec	d to	the	stud	dent's