

HAMILTON SCHOOL DISTRICT
Sussex, WI

CONSENT FOR STUDENT USE AND POSSESSION
OF ASTHMA INHALER AT SCHOOL

Student (print) _____ Grade _____
 Address _____ School _____
 Parent/Guardian's Name _____ Address _____
 Home Phone Number _____ Work Phone Number _____
 Physician's Name _____ Address _____
 Physician's Phone Number _____ Fax _____
 Name of Medication: _____
 Expiration Date of Medication _____
 Dosage: _____
 Administration Instructions: _____
 Time(s) to be given: _____ Termination Date: _____
 Reason for medication: _____
 Known side effects: _____

This form must be completed and returned to school prior to student possession or use of an inhaler at school. If changes occur during the year, please notify the school immediately.

Option #1: During the school day, the student goes to the health room where the inhaler is kept and uses it under supervision. A number of students keep inhalers in the health room and come before physical education classes, recess or as needed. In this case students may stop in the health room before physical education, recess or as needed to use the inhaler. All medications brought to school must be in their original pharmacy labeled containers with a current prescription label attached detailing student's name, name of drug, effective date, administration instructions, time(s) to be given, health care provider's name and phone number.

Option #2: If used during the school day, the student carries the inhaler and uses it before exercise to prevent the onset of asthmatic symptoms or to alleviate asthmatic symptoms. This option is only available to students who have provided the required written permission forms to the principal or his/her designee. A spare inhaler provided by the student's parent/guardian may be kept for the student in the health room should one run out or be forgotten. If there is not marked improvement in their asthmatic symptoms after using the inhaler as prescribed, they should go to the health room immediately. Students who carry asthma inhalers with them at school are expected to abide by the following rules:

- 1) They should never share the inhaler with another person, and
- 2) They should go to the health room immediately after using the inhaler as prescribed, if there is not marked improvement in their asthmatic symptoms.
- 3) All medications brought to school must be in their original pharmacy labeled containers with a current prescription label attached detailing student's name, name of drug, effective date, administration instructions, time(s) to be given, health care provider's name and phone number.

Not abiding by these rules may result in the termination of option #2

Students who need peak flow meters or use a nebulizer may store this equipment in the health room. Appropriate instructions for use of any equipment should be provided by the student's parent/guardian.

**Hamilton School District
Consent for Student Use and Possession of
Asthma Inhaler at School**

Please select an option:

_____ Option #1 as described above for my child.

I give my permission for designated school district personnel to administer the medication described above as directed and to contact the student's physician as necessary.

I agree to hold the Hamilton School District employee administering the medication harmless in any claims arising from the administration of this medication at school or during a school sponsored activity.

_____ Option #2 as described above for my child.

I give permission for _____ to carry and use the asthma
(name of child)

inhaler described above at school. I believe he/she is knowledgeable about the correct use of the inhaler and understand that he/she must abide by the rules described above when carrying the inhaler at school. I will notify the school of changes in medication or my child's condition. Staff members can be informed about my child's condition in order for my child to receive appropriate care.

It is the responsibility of the student's parent/guardian to deliver medication as necessary and appropriate to the school office or health room personnel. All unused medication must be picked up by the parent/guardian within one week of the termination date of administration or on the last day of school, as applicable, unless other arrangements have been made with the school.

Staff members can be informed about the student's health concern in order for the student to receive appropriate care.

Parent/Guardian Signature _____ Date: _____

Physician's Signature _____ Date: _____

Student Signature (18 or older) _____ Date: _____

This form is valid for one school year.

APPROVED:	June 16, 1980	REVISED:	June 18, 2012
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	February 19, 1990		
	February 5, 1991		
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