

# **Gahanna Jefferson Public Schools**

160 South Hamilton Road • Gahanna, Ohio 43230 • (614) 471-7065

## **Re: SELF-POSSESSION AND USE OF AN ASTHMA INHALER**

Dear Parents,

We strongly urge that all medications be administered at home whenever possible. Please consult the prescriber to determine if this medication is necessary to have at school as well as if it is appropriate, safe and feasible for your child to self-carry AND self-administer an asthma inhaler.

Before a student may possess and self administer an asthma inhaler in school, State of Ohio law (Section 3313.716/3313.14 O.R.C.) requires that:

1. The parent must complete and sign the parent portion of the permission form.
2. The licensed prescriber must complete and sign the provider portion of the form. A note from the prescriber will not be accepted.
3. Both sections must be completed and returned BEFORE the student can carry the inhaler at school.
4. The medication must be brought to school in the original container labeled with your child's name, the provider's name, the name of the medication, the dose and time it is to be taken.
5. A new Authorization for Student Possession and Use of an Asthma Inhaler form must be completed each year.

\*\*\*It is recommended that a backup inhaler be kept in the school clinic.

These policies are for the health and safety of your child, as well as all students in our schools. If you have any questions, please contact the school nurse or principal.

Thank you,

School Nurse

GAHANNA JEFFERSON PUBLIC SCHOOLS  
**AUTHORIZATION FOR STUDENT POSSESSION AND USE OF AN ASTHMA INHALER**

In accordance with ORC 3313.716/3313.14

A completed form must be provided to the school principal or nurse **BEFORE** the student may possess and self administer an asthma inhaler in school.

**This section MUST be completed and signed by the student's parent or guardian.**

Student Name \_\_\_\_\_

Student Address \_\_\_\_\_

*As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.*

Parent/Guardian Name \_\_\_\_\_ Emergency phone # \_\_\_\_\_

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

**This section MUST be completed and signed by the medication prescriber.**

Name and dosage of medication \_\_\_\_\_

Date self-carry administration begins \_\_\_\_\_ Date self-carry administration ends \_\_\_\_\_

Reason for use of asthma inhaler \_\_\_\_\_

Procedure if the student is unable to administer the medication or if it does not produce the expected relief  
\_\_\_\_\_

Possible severe adverse reactions:

For student it is prescribed for \_\_\_\_\_

To a student for which it is **NOT** prescribed who receives a dose \_\_\_\_\_

Special instructions \_\_\_\_\_

As the prescriber: (initial each requirement)

\_\_\_\_\_ I have determined that this student is capable of possessing **and self administering** an inhaler appropriately.

\_\_\_\_\_ I have provided the student with training regarding proper use of the asthma inhaler.

Prescriber name \_\_\_\_\_ Emergency phone# \_\_\_\_\_

Prescriber signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse checklist (date and initial each)

\_\_\_\_\_ Both sections of form completed

\_\_\_\_\_ Date backup inhaler received

\_\_\_\_\_ Return demonstration of proper use of inhaler by student

Teacher \_\_\_\_\_

Grade \_\_\_\_\_