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

Student Name:				Date: _		
Address:						
Authorization is herel	by given for the student r	named above to:				
[] [] []	receive the prescril personnel. keep emergency med self-administer the pr	dication in his/her	possessi	on.	-	school
Medication Name:						
Dosage:						
Date the administration	on is to begin: on is to cease:					
Adverse reactions that	at should be reported to	the prescriber:				
Adverse reactions for	r unauthorized user:					
	in the event that medica er condition requiring em					
Other special instruct	tions:					
Prescriber and parer	nt/guardian names, sig	nature, and emer	gency pl	hone num	bers are req	uired.
Prescribe <i>r</i> name:		Pho	one:			
Signature:			Date: _	· · · · · · · · · · · · · · · · · · ·		
Parent/guardian nam	ne:		_Phone:	(Work)		
Signature:			_ Date: _			
Copies must be probuilding.	vided to Principal and	to the School Nui	rse if on	e is assigr	ned to the s	tudent's