

ROCHESTER AREA SCHOOL DISTRICT

Medication Policy for Use of Inhalers

1. The physician must complete the prescription medication form on the reverse side of this policy.
2. The physician must indicate whether the child needs to keep the inhaler with him/her, or if it may be left in the nurse's office.
3. The label from the pharmacy must include the student's name, physician's name, name of the medication, and instructions for use.
4. The inhaler itself must be kept inside the labeled prescription box. Any inhalers not labeled will **NOT** be permitted in school.
5. Parents must also sign the form, on the reverse, indicating their permission for their child to self-administer the inhaler.

Please remind your child to never share his/her inhaler with any other person. Inhalers are prescription medication and must be used responsibly.

**Please call the nurse's office to see if you are already compliant with this policy.
724-775-7500 x 1942 or 1943**

*The information in this policy was derived from
The Pennsylvania Statute 35 PS 780-111 Professional Prescription, Administration Dispensing.*

Since it may be necessary that your child use an inhaler during school hours, please have the following information completed.

Student Name _____ Grade _____

FOR THE DOCTOR

Name of Medication _____ Dosage _____

Time Schedule for administration _____

Purpose of Medication _____

Possible Side Effects or Contraindications _____

Curtailment of specific school activity (gym, recess, outdoor play) _____

★ Does the physician feel that the student needs to keep the inhaler with him/her during school hours?

____ YES

____ NO, It may be kept in the nurse's office

★ Is the student capable of self administration? _____

Physician's Signature _____

Print Physician's Name _____

FOR THE PARENT/GUARDIAN

I hereby authorize the medication listed above to be self-administered by my child. I release the Rochester Area School District and all its employees for any and all liability for damages my child may suffer as a result of this request.

Parent/Guardian Signature _____