WILMINGTON CITY SCHOOLS

Form 5330 F3

AUTHORIZATION FOR THE POSSESSION AND USE OF ASTHMA INHALER/OTHER EMERGENCY MEDICATION(S)

Student Name:_____ Date: _____ Building: _____

Address: _____

Authorization is hereby given for the student named above to (check all that apply):

receive the prescribed medication indicated from the designated school personnel.

keep emergency medication in his/her possession.

self-administer the prescribed medication as permitted by law.

Medication Name:_____

Dosage: _____

Date the administration is to begin:_____

Date the administration is to cease:_____

Adverse reactions that should be reported to the prescriber:

Adverse reactions for unauthorized user:

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack or other condition requiring emergency medication:

Other special instructions:

Prescriber and parent/guardian names, signature, and emergency phone numbers are required.

Prescriber name:_____ Phone: _____

Signature: _____ Date: _____

Parent/guardian name:_____
(Please print)

Phone (Home) _____ (Work)_____ (Other) _____

Parent Signature:_____ Date: _____

Copies must be provided to Principal and to the School Nurse if one is assigned to the student's building.

Wilmington City Schools
341 S Nelson Ave
Wilmington, OH 45177