

**PORT NECHES-GROVES INDEPENDENT SCHOOL DISTRICT  
HEALTH SERVICES**

**Physician's Request For Self Administration of Asthma Inhalers**

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_

Condition for which drug is to be given:

Diagnosis: \_\_\_\_\_

Medication: (Include name of medicine, dosage, special instructions, possible reactions, if any, etc.) \_\_\_\_\_

**MEDICATION MUST BE SENT TO SCHOOL IN ORIGINAL CONTAINER AND PROPERLY LABELED.**

Qualified students will be allowed to carry their inhalers at the parent/physician request provided:

1. He/she demonstrate to the nurse the correct use of the inhaler
2. Inhaler must be in the original container and properly labeled
3. Agree after two puffs, if there is not marked improvement, he/she will see the nurse immediately
4. Agree never to share the inhaler with another person or misuse inhaler

A spare inhaler provided by the parent is recommended to keep in the health clinic should the student forget theirs or run out. Medication may be administered by a medically untrained designate of the school principal. PNGISD or its employees cannot assume responsibility regarding self-administration, adverse reactions or misuse of asthma inhalers.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Print Physician's Name \_\_\_\_\_

School Nurse \_\_\_\_\_ Date Filed in Nurse's office \_\_\_\_\_