

**The Geneva School**  
**Authorization for Asthma Medication Administration at School**  
*Form valid for current school year and must be renewed annually*

Date: \_\_\_\_\_ Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Asthma Triggers: \_\_\_\_\_

Daily Medication Taken to Control Asthma: \_\_\_\_\_

The above student has been diagnosed with asthma and on occasion will require the following asthma medication to be administered at school:

Medication to be administered via inhaler:

Drug: \_\_\_\_\_

Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_

Medication to be administered via nebulizer:

Drug: \_\_\_\_\_

Dose: \_\_\_\_\_

Frequency: \_\_\_\_\_

This student has been instructed and demonstrates the proper technique to administer his/her asthma medication. He/she may carry and self-administer his/her inhaler during the school day.

\_\_\_\_\_ YES \_\_\_\_\_ NO

Signed: \_\_\_\_\_

**PHYSICIAN signature required**

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**PARENT signature required**

Date: \_\_\_\_\_

**Medication Policy Reminders:**

- All prescription medications must have a physician's and parent's signature.
- All medications administered at school must be checked in at a nurse's clinic with required authorization.
- Medication must be received in its original container and must be labeled with the student's name. Label inhaler device and nebulizer machine.
- This authorization is valid for the school year named above and must be renewed each year.