

Inhaler/Nebulizer Authorization

SECTION I—PARENTS OR GUARDIAN TO COMPLETE

I hereby authorize Gaston Christian School personnel to administer or permit the student identified below to use an inhaler as prescribed (section II). I agree to release, indemnify, and hold harmless GCS and any of their officers, staff members, or agents from lawsuit, claim expense demand or action, etc. against them for assisting this student with the inhaler, provided they follow the physicians's order as written in section II below.

Student Name: _____ Date of birth: _____

Parent or Guardian signature: _____

Daytime telephone : _____ Date _____

SECTION II—PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN ASSISTANT TO COMPLETE

This form will also be the authorized form used for off campus activities, including overnight trips.

Asthma/Reactive Airway Exercise Induces: yes no

Medication ordered: _____

Dosage to be given at school: _____

Time interval for repeating dosage: _____

Special instructions: _____

This student has received adequate information on how and when to use an inhaler and has demonstrated that he or she can use it properly.

*Student may carry and self-administer the inhaler: Yes _____ No _____

Physician/Nurse Practitioner/Physician Assistant Signature:

Date: