Medication Administration in School or Child Care
Nebulizer Treatments or Inhaled Medications

Parent or Guardian Permission

The parent/guardian of _____ ask that school/child care staff give the following medication _____ at _____
(Name of medicine and dosage) (Time)

to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

- The Program agrees to administer medication prescribed by a licensed health care provider.
- It is the parent/guardian responsibility to furnish the medication and equipment and to keep daily emergency contact information up to date.

By signing the document, I give permission for my child's health care provider/clinic to share necessary information regarding the care of my child's health condition with Program staff.

Parent/Legal Guardian's Name _____ Parent/Legal Guardian Signature _____ Date _____

Home Phone _____ Work Phone _____

Health Care Provider Authorization

Child's Name _____ Birthdate: _____

Name of inhaled medication: _____

Dosage: _____

To be given in school/child care at the following time(s): _____

<u>Note to health care provider</u>: Specific time and/or interval must be indicated on this form in order for non-medical persons in school/child care to administer medication

Start Date: _____ End Date: _____

Usual (baseline) respiratory rate for this child: _____

Comments: _____

<u>Seek Emergency Medical Care if the child has any of the following:</u>

- Respiratory rate greater than _____
- Coughs constantly
- Hard time breathing with:
  - Chest and neck pulled in with each breath
  - Struggling or gasping for breath
- Trouble walking or talking
- Lips or fingernails are grey or blue
- Other

_____ _____

Signature of Health Care Provider with Prescriptive Authority Phone