

# Menominee Tribal School

## Medication Authorization and Instruction

### Purpose of Authorization:

For: Authorization for Prescription medication; to be given out by staff.

For: Self-Carry/Administration of asthma inhaler at school and after school activities.

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### **Parental Authorization:**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

\_\_\_ I request and authorize school personnel to administer prescription medication. I take full responsibility for this and I understand that the medication must be in original container and properly labeled.

\_\_\_ I request that my child, named above, be permitted to carry and/or self-administer the above ordered asthma inhaler medication. I take responsibility for this permission. I understand that the medication must be in original container and properly labeled.

**Parent/Guardian Signature** \_\_\_\_\_

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### **Physician's Instructions**

Diagnosis \_\_\_\_\_

Adverse Effects to report \_\_\_\_\_

Treatment of Adverse effects \_\_\_\_\_

### **Check one below if for self-carry/administer of asthma inhaler medications:**

\_\_\_ I have instructed the student named above in the proper way to use his/her inhaled asthma medications. It is my professional opinion that he/she should be **ALLOWED TO CARRY** and use this medication him/herself at school.

\_\_\_ it's my professional opinion that the student named above **SHOULD NOT CARRY** and use his/her inhaled asthma medication by him/herself.

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

Phone \_\_\_\_\_