

Central Day School

Asthma/Respiratory Condition Confirmation Form

To the Physician/Health Care Practitioner:

In accordance with Tennessee law (Title 49-5-415), Central Day School permits the possession and self-administration of a prescribed, metered dosage, asthma-reliever inhaler by any asthmatic student or any student with another respiratory condition requiring an inhaler. In order to do so, the following information is required from the student's physician/health care practitioner:

Student's Name _____ **Date of Birth** _____

I confirm the student named above has been diagnosed with asthma or another respiratory condition that requires the use of an inhaler at school. I also confirm that the student named above has been instructed to self-administer medication by using a metered dosage asthma-relieving inhaler and is competent in self-administration of the prescribed metered dosage asthma-relieving inhaler.

1. Name and purpose of the prescribed medication _____

2. Prescribed dosage _____

3. Time or times the prescribed inhaler is to regularly administered _____

4. Any other additional special circumstances under which the inhaler is to be administered _____

5. Length of time for which the inhaler is prescribed _____

Name of Physician/Prescribing Health Care Practitioner (please print)

Address

Signature of Physician or Prescribing Health Care Practitioner

Date

To the Parent:

This form will be kept in the school office and along with the Student Self-Administration Medication Permission Form will serve as the Individual Health Plan/Action Plan for your student with asthma or other respiratory condition requiring an inhaler at school.

The permission for self-administration of the prescribed, metered dosage, asthma-reliever inhaler by any asthmatic or any student with another respiratory condition requiring an inhaler shall be effective for the school year in which it is granted and must be renewed each following school year.

The school may revoke the possession and self-administration privileges if the student misuses the inhaler or make the inhaler available for usage by any other person.

Parent/Guardian Name (please print)

Parent/Guardian Address **City** **State**

Parent/Guardian Signature

Date