



## MEDICATION REQUEST FORM FOR RESPIRATORY INHALERS

Dear parents/guardian,

For a respiratory inhaler that may need to be administered during the school day, during school-sponsored activities, or while on a school bus or other school property, we must have this form completed by you and by your health care provider. The medication must be supplied by the parent/guardian in its original container from the pharmacy.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Teacher/First Period Teacher \_\_\_\_\_

Asthmatic: Yes \_\_\_\_\_ No \_\_\_\_\_ Other Diagnosis \_\_\_\_\_

Allergic to \_\_\_\_\_

Name of Medicine \_\_\_\_\_

Dose to be given \_\_\_\_\_

Frequency/time to be given \_\_\_\_\_

Student requires supervision: Yes \_\_\_ No \_\_\_

Student can carry and self-administer Inhaler Yes \_\_\_ No \_\_\_

Keep Medication in Nurses' Office \_\_\_ Return Medication Home \_\_\_

Date to stop Medication \_\_\_\_\_

At the end of the school year, please return my child's medicine by (check one):

\_\_\_\_\_ Sending it home with my child \_\_\_\_\_ Holding all medicine in the clinic to be picked up by parents

(all medicine will need to be picked up no later than 5/22/26)

I give my permission for school personnel to administer prescribed medication listed above. I agree to allow this information to be shared with adults responsible for my child's care. I understand that I am responsible for providing the school with the prescribed Medication in the amount needed and in its original container with label intact as needed by my child. I hereby release Seffner Christian Academy School Board and its employees from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Prescriber \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Prescriber \_\_\_\_\_

**Please fax the completed form to the Seffner Christian Academy school nurse at 813-627-0330**