

Ohio Department of Health  
**Authorization for Student Possession and Use  
of an Asthma Inhaler**

In accordance with ORC 3313.716/3313.14

**A completed form must be provided to the school principal and/or nurse before the student may possess and use an asthma inhaler in school to alleviate asthmatic symptoms, or before exercise to prevent the onset of asthmatic symptoms.**

Student name
Student address

**This section must be completed and signed by the student's parent or guardian.**

*As the Parent/Guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.*

<b>Parent /Guardian signature</b>	Date
Parent/Guardian name	Parent/Guardian emergency telephone number (        )

**This section must be completed and signed by the student's physician.**

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)

Procedures for school employees if the medication does not produce the expected relief
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**Possible severe adverse reactions:**

To the student for which it is prescribed (that should be reported to the physician)
To a student for which it is <b>not</b> prescribed who receives a dose

Special instructions
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<b>Physician signature</b>	Date
Physician name	Physician emergency telephone number (        )

Adapted from the Ohio Association of School Nurses