



**ASTHMA ACTION CARD**  
**SELF-MEDICATION FOR ASTHMA INHALERS**  
**AUTHORIZATION FORM**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Medication Name \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Date administration is to begin \_\_\_\_\_

Date administration is to end \_\_\_\_\_

Adverse reactions that should be reported to the physician \_\_\_\_\_

Procedure to follow in the event that medication does not produce the expected relief from the student's asthma attack \_\_\_\_\_

Signature below indicates:

The student has been instructed in proper use of his/her inhaler and is aware that the inhaler is not to be shared with any other person.

The student is also aware that the school's designee must be notified if the treatment is ineffective.

Physician Name \_\_\_\_\_ Telephone \_\_\_\_\_

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

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

Phone (work) \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

\*School Policy: All students' medication will be stored in the main office. Teachers will take the students' medication on field trips. Adult supervision is required for the administration of all medication.