

The Geneva School
Authorization for Asthma Medication Administration at School
Form valid for current school year and must be renewed annually

Date: _____ Student: _____ Grade _____

Asthma triggers: _____

Daily medication taken to control asthma: _____

The above student has been diagnosed with asthma and on occasion will require the following asthma medication to be administered at school:

Medication to be administered via inhaler:

Drug: _____

Dose: _____

Frequency: _____

Medication to be administered via nebulizer:

Drug: _____

Dose: _____

Frequency: _____

This student has been instructed and demonstrates the proper technique to administer his/her asthma medication. He/she may carry and self-administer his/her inhaler during the school day.

____ YES

____ NO

Signed: _____ Date: _____

PHYSICIAN signature required

Signed: _____ Date: _____

PARENT signature required

Medication policy reminders:

- *All prescription medications must have a physician's and parent's signature.*
- *All medications administered at school must be checked in at the nurse's clinic with required authorization.*
- *Medication must be received in its original container and must be labeled with the student's name. Label inhaler device and nebulizer machine.*
- *This authorization is valid for the school year named above and must be renewed each year.*
- *Copies of this form may be obtained from the TGS website (www.genevaschool.org) and can be faxed to TGS at (407) 332-1664.*