

Diocese of St. Augustine
Physician's Orders for Self-Administration of Inhaler by Student at School

SPECIAL NOTE: The physician's orders must be accompanied by signed parental authorization form.

TO: The Physician

The information requested below is needed if a student is to use an inhaler in a Diocese of St. Augustine School. We appreciate your assistance in this matter.

Full Name of Student: _____ Birth Date: _____
Home Address: _____
Home Phone: _____ Parent/ Guardian's Work Phone: _____
Parent e mail address: _____

Physician's Name: _____ Phone: _____
Health Problem Requiring Inhaler: _____
Name of Medication: _____
Amount to be Given: _____
When/ How Often: _____
What other emergency procedures should be instituted if inhaler proves ineffective:

It is understood that school personnel will not be responsible or liable for the administration of the medication listed above. It is further understood that proper instruction in the use of the inhaler has been given to the parent and student by you/ your staff. The privilege of self-administration of medication can be withdrawn if abused by the student.

Physician's Signature: _____
Date: _____