

LIBERTY CHRISTIAN ACADEMY

Phone: 740-964-2211

Fax: 740-964-2311

Effective August, 1999, Ohio Bill allows students to carry and self-administer inhalers in school with the written approval of their parents and health care provider.

PERMISSION TO CARRY AND SELF-ADMINISTER ASTHMA INHALERS

Parent to Complete

Purpose: To permit students to possess and use prescribed medications during school hours when regular attendance at school would be impossible without the medication.

Student Name		
Address		Telephone
Date of Birth	School	Room #

To the Parent or Guardian:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT WHO POSSESSES OR USES PRESCRIBED MEDICATION IN SCHOOL; BOTH THE PARENT AND PHYSICIAN PORTIONS OF THIS FORM MUST BE COMPLETED.

1. I am requesting permission for the student named above to possess and use medication according to the doctor's verification on this card.
2. I will assume responsibility for the safe delivery of the medication to school, either by myself or by the student.
3. I will notify the school immediately if there is any change in the use of the medication.
4. I authorize Liberty Christian Academy Health Services personnel to communicate with my child's health care provider as necessary concerning the use of this medication.
5. I understand Liberty Christian Academy, members of the board of education or school employees are not liable in damages in a civil action for injury, death, or loss to person or property arising from prohibiting a student to use an asthma inhaler because of the employee's good faith belief that the conditions set forth in ORC 3313.716 section 3313.713 have not been satisfied, or for allowing the student to use the asthma inhaler if the conditions have been satisfied or from the use of the asthma inhaler by an unauthorized user.
6. I release and agree to hold the Liberty Christian Academy Board of Education, its officials, employees, and staff harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

As the Parent/Guardian of the above named 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. I will instruct my child to inform school personnel if he/she has used the asthma inhaler so that my child's breathing can be monitored. I will provide a backup dose of the medication to the principal or school nurse as required by law.

Signature of Parent or Guardian		Date
Home Telephone	Work Telephone	Cell Phone

Emergency Contact Number(s):

_____	_____
(Telephone #)	(Name and relationship to student)
_____	_____
(Telephone #)	(Name and relationship to student)

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Physician to Complete

I verify that this medication must be taken by _____
(Student's Name)
_____, during school hours.
(Student Address)

(Medication)	(Dosage)	(Route)
Beginning date _____	Expiration Date _____	

The following information must be completed by the Healthcare Provider prescribing the asthma inhaler.

Circumstances in which the asthma inhaler should be used:

Procedures to follow in the event that the student is unable to administer the inhaler or the medication does not produce the expected relief from the student's breathing:

Adverse reactions that should be reported to the healthcare provider:

Adverse reactions for unauthorized user:

As the above named student's healthcare provider I have determined that the student is capable of possessing and using the asthma inhaler appropriately and I have provided the student with training in the proper use of the asthma inhaler. According to state law I have prescribed a back-up asthma inhaler to be kept by the school nurse or the designated employee to give medication when the school nurse is not in the school.

Healthcare Provider's Signature _____ **Date** _____

Healthcare Provider's Emergency Telephone Number _____

Healthcare Provider's Printed Name or official stamp:

Reverse side to be completed by Parent