

# INHALER AUTHORIZATION FORM

<b>PART I TO BE COMPLETED BY PARENT/GUARDIAN</b>			
I hereby request LCA personnel to administer an inhaler as directed by this authorization. I agree to release, indemnify, and hold harmless LCA personnel, or agents from lawsuits, claim expense, demand or action, etc. against them for helping this student use an inhaler, provided LCA personnel comply with the Licensed Healthcare Provider (LHCP) or parent/guardian orders set forth in accordance with the provision of Part II below.			
<b>Inhaler</b> <input type="checkbox"/> Renewal <input type="checkbox"/> New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.) <div style="text-align: center; margin-top: 5px;">First dose given: Date: _____ Time: _____</div>			
Student Name: _____		D.O.B. _____	
Allergies: _____		School: Legacy Christian Academy	School Year: 2014-2015
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____</span> <span>_____</span> <span>_____</span> </div>			
<b>Parent's/Guardian's Signature</b>		<b>Daytime Telephone</b>	<b>Date</b>
<b>PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER (Lay Language, NO Abbreviations)</b>			
DIAGNOSIS: _____		LIST TRIGGERS: _____	
SIGNS / SYMPTOMS: _____		MEDICATION & ROUTE: _____	
DOSAGE TO BE GIVEN AT SCHOOL: _____		INTERVAL FOR REPEATING DOSAGE: _____	
TIME TO BE GIVEN: _____		COMMON SIDE EFFECTS: _____	
EFFECTIVE DATE: Start: _____ End: _____		If student is taking more than one medication at LCA, list sequence in which they should be taken.	
Check <input checked="" type="checkbox"/> the appropriate boxes: <input type="checkbox"/> I believe that this student has received information on how and when to use an inhaler and that he/she demonstrates its proper use. <input type="checkbox"/> The student is to carry an inhaler during school and during sanctioned events with LCA's approval. (An additional inhaler, to be used as backup, will be kept in the school office.) <input type="checkbox"/> It is not necessary for the student to carry his/her inhaler during school, the inhaler will be kept in the school office.  <b>*Asthma Action Plan is attached.</b>			
_____		_____	_____
<b>Licensed Health Care Provider's Name</b>		<b>Licensed Health Care Provider's Signature</b>	<b>Date</b>
_____		_____	_____
<b>Parent's/Guardian's Name</b>		<b>Parent's /Guardian's Signature</b>	<b>Date</b>
_____		_____	
<b>Student's Signature (Required if student carries Inhaler)</b>		<b>Date</b>	