



Innovate Collaborate Inspire

MARYSVILLE

Exempted Village School District

Board of Education
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AUTHORIZATION FORM SELF-MEDICATION - ASTHMA INHALERS (Form MEVS H-3)

This form must be completed by both the physician who prescribes the asthma inhaler and the parent or guardian of the student and delivered to the building principal and clinic staff, if any, assigned to the student's building, prior to the student's self-medication or possession of a metered dose or dry powder inhaler.

PHYSICIAN'S REQUEST (all items MUST be completed)

NAME OF STUDENT – Print _____ DOB _____

Complete Address _____ Phone _____

Name of Medication in Inhaler _____ Contains _____ doses of medication

Date Self-Administration to Begin (if known) _____ Date Self-Administration to End _____

Instructions/Procedures of school personnel to follow if expected relief from asthma attack is not produced by medication as self-administered: _____

Possible severe adverse reactions:

To Student Self-Administering Medication (to be reported to physician) _____

To children using inhaler for whom it is not prescribed _____

Other Special Instructions _____

Physician's Name (Print) _____

Physician's Complete Address _____

Office Telephone _____ Alternate Emergency Phone No _____

Physician's Signature _____ Date _____

PARENT OR GUARDIAN'S REQUEST

NAME OF STUDENT – Print _____ Building _____ Grade _____

Complete Address _____ Phone _____

I _____, parent/guardian of _____
Parent/Guardian – Print Student's Name – Print

Authorize my child to self-administer the medication described on this form as directed by the child's physician. I also agree to comply with Board policy and regulations regarding self-administration of asthma inhaler medication. I also agree to submit to the building principal and clinic staff assigned to my child's school building, if any, a revised authorization if any of the information contained in the Physician's Authorization or on my authorization changes.

I also understand that pursuant to Ohio Revised Code Section 3316.716, the Board of Education and its employees are not liable for my child's self-administration of this medication.

Parent/Guardian's Signature _____ Date: _____