

WESTERN RESERVE LOCAL SCHOOL DISTRICT  
**Authorization for Student Possession and  
 Use of an Asthma Inhaler**

In accordance with ORC 3313.716/3313.14

**A completed form must be provided to the school principal and/or nurse before the student may possess and use an asthma inhaler in school to alleviate asthmatic symptoms or before exercise to prevent the onset of asthmatic symptoms.**

Student Name	
Student Address	Telephone number

**This section must be completed and signed by the student's parent or guardian.**

As the Parent/Guardian of this 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.

<b>Parent/Guardian signature</b>	Date
Parent/Guardian name (print)	Parent/Guardian emergency telephone number

**This section must be completed and signed by the student's physician.**

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)
Procedures for school employees if the medication does not produce the expected relief	

**Possible severe adverse reactions:**

To the student for which it is prescribed (that should be reported to the physician)
To a student for which it is <b>not</b> prescribed who receives a dose
Special instructions

<b>Physician signature</b>	Date
Physician name	Physician emergency telephone number