

INHALER AUTHORIZATION

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I PARENT OR GUARDIAN TO COMPLETE			
I hereby authorize Fairfax County Public Schools (FCPS), Fairfax County Health Department (FCHD), and School Age Child Care (SACC) personnel to permit the student identified below to use an inhaler in school as prescribed. I agree to release, indemnify, and hold harmless FCPS, FCHD, SACC, and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions, etc., against them for helping this student with the inhaler, provided FCPS, FCHD, and SACC personnel are following licensed prescriber orders in Part II. I have read the procedures outlined on the back of this form and assume responsibility as required.			
Has the student taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, the first full dose must be given at home to ensure that the student does not have a negative reaction.)			
First dose was given: Date _____ Time _____			
Student Name: Last _____		First _____	Middle _____
Date of Birth _____	School Name _____		School Year _____
Grade _____			
No School Board employee, public health nurse, or school health aide shall administer medication or treatment, as an exception under School Board policy, unless all the required clearances have been personally reviewed by the principal or his or her designee. I give permission to contact the below named licensed prescriber to clarify information provided on the inhaler authorization form should the need arise.			
Parent or Guardian Signature _____		Daytime Telephone _____	Date _____
PART II LICENSED PRESCRIBER TO COMPLETE INFORMATION SHOULD BE WRITTEN IN LAY LANGUAGE WITH NO ABBREVIATIONS			
Diagnosis _____		List triggers (Required) _____	
Medication _____		Number of inhalations (puffs) per treatment _____	
Symptoms for which medication is ordered _____		<input type="checkbox"/> Give as needed for symptoms <input type="checkbox"/> Give _____ minutes before exercise	
Effective Date: <input type="checkbox"/> Current School Year OR <input type="checkbox"/> From _____ To _____		Time interval between treatments _____	
If the student is taking more than one medication at school, list the sequence in which medications are to be taken _____			
Check the appropriate box: I believe that this student has received adequate information on how and when to use an inhaler and that he or she can use it properly.			
<input type="checkbox"/> The student is to carry an inhaler during school or SACC hours with the principal's knowledge. (An additional inhaler, to be used as backup, may be kept in the school health room or other approved school location.)			
<input type="checkbox"/> The inhaler will be kept in the school health room or other approved location (specify) _____			
Licensed Prescriber Name (Print or Type) _____		Licensed Prescriber Signature _____	Telephone or Fax _____
Date _____			
Parent or Guardian Name (Print or Type) _____ (Required if student carries inhaler)		Parent or Guardian Signature _____	Telephone _____
Date _____			
Student Signature _____ (Required if student carries inhaler)		Date _____	
PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE			
Check <input checked="" type="checkbox"/> as appropriate:			
<input type="checkbox"/> Parts I & II above are complete including signatures. (It is acceptable if all items in Part II are written on the licensed prescriber's stationery or a prescription pad.)			
<input type="checkbox"/> Medication is appropriately labeled. _____ Date by which any unused medication is to be PICKED UP by the parent or guardian. (Within one week after expiration of this authorization or on the last day of school.)			
Principal or Principal Designee Signature _____		Date _____	

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent, guardian, or eligible student.

PARENT/GUARDIAN INFORMATION ABOUT INHALER PROCEDURES

1. Inhaler may be given in school, during school-sponsored activities, or at SACC only with both licensed prescriber and parent or guardian-signed authorization.
2. The parent or guardian is responsible for obtaining the licensed prescriber's statement in Part II.
3. A licensed prescriber may use office stationery or a prescription pad in lieu of completing Part II. Include the following information written in lay language with no abbreviations:
 - Name of student
 - Date of birth
 - Reason for medication or diagnosis
 - Name of medication
 - Exact dosage to be taken in school
 - Time to take medication and frequency or exact time interval dosage is to be administered
 - Sequence in which the medications should be taken in cases where more than one medication is prescribed
 - If medication is given on an as-needed basis, specify the symptoms and the time interval between treatments (“Repeat as necessary” is unacceptable.)
 - Statement that the student may self-carry, if applicable
 - Duration or effective dates of medication order
 - Licensed prescriber's signature and date
4. Licensed prescriber samples must be appropriately labeled by the licensed prescriber to include information requested in item 3 above.
5. **The first dose of any new medication must be given at home.**
6. The parent or guardian is responsible for submitting a new form to the school or SACC at the start of the school year and each time there is a change in the dosage or in the time at which medication is to be taken.
7. Inhaler must be hand delivered to the school health room by the parent or guardian unless approved for the student to carry during school and SACC hours.
8. Medication kept in the school will be stored in a locked area accessible only to authorized personnel unless approved for the student to carry it during school hours. If a student carries his or her own inhaler, a backup may be kept in the school health room.
9. Within one week after expiration of this authorization or on the last day of school, the parent or guardian must pick up any unused portion of the medication(s) unless the student has been authorized to carry them. Medications not claimed within that period will be destroyed.
10. The Fairfax County Health Department, Fairfax County Public Schools, and Fairfax County School Age Child Care do not assume responsibility for authorized medication taken independently by the student.
11. In no case may any health worker or school or SACC staff member administer any medication outside the framework of the procedures outlined here and/or in FCPS regulation.
12. The parent or guardian must provide a supply of medication to FCPS and SACC for medication required to be administered during the school day and in SACC.