

# CLARKE COUNTY PUBLIC SCHOOLS INHALER AUTHORIZATION

## Release and Indemnification Agreement

**PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE**

**PART I PARENT OR GUARDIAN TO COMPLETE**

I hereby request Clarke County Public Schools (CCPS) personnel to permit the student identified below to use an inhaler in school as prescribed. I agree to release, indemnify, and hold harmless CCPS and any of their officers, staff members, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student with the inhaler, provided CCPS personnel are following physician instructions as written in Part II below.

Inhaler Authorization:

Renewal     New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)

First dose was given:                      Date \_\_\_\_\_                      Time \_\_\_\_\_

Student Name (Last, First, Middle):

Date of Birth:

School:

School Year:

No School Board employee, school nurse, or health room 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.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Date

**PART II PHYSICIAN TO COMPLETE    INFORMATION SHOULD BE WRITTEN IN LAY LANGUAGE WITH NO ABBREVIATIONS**

DIAGNOSIS:

LIST TRIGGERS:

DATE OF ORDER:

MEDICATIONS:

SYMPTOMS OR CONDITIONS FOR WHICH MEDICATION IS ORDERED:

TIME INTERVAL FOR REPEATING DOSAGE:

DOSAGE TO BE GIVEN AT SCHOOL:

IF TAKING MORE THAN ONE MEDICATION, GIVE SEQUENCE IN WHICH TO BE GIVEN:

EFFECTIVE DATE FOR CURRENT YEAR FROM \_\_\_\_\_ TO \_\_\_\_\_

TIME (S) MEDICATION IS GIVEN:

Check appropriate box:

- I believe that this student received adequate information on how and when to use an inhaler and that he or she can use it properly.
- The student is to carry an inhaler during school hours with principal approval. (An additional inhaler, to be used as backup, may be kept in the clinic or other approved school location.)
- The inhaler will be kept in the school clinic or other approved location (specify): \_\_\_\_\_

\_\_\_\_\_  
Physician Name (print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Telephone or Fax

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian (Print)  
(Required to carry inhaler)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE**

Check as appropriate:

- Parts I and II above are completed including signatures. (It is acceptable if all items in Part II are written on the physician's stationary or a prescription pad.)
- Medication is appropriately labeled. \_\_\_\_\_ Date by which any unused medication is to be collected by the parent.  
(Within one week after expiration of the physician order or on the last day of school)
- The student has been approved by the principal to carry an inhaler.
- An individual health care plan and/or procedure must be on file.

\_\_\_\_\_  
Principal or Principal Designee Signature

\_\_\_\_\_  
Date

*Information from the Clarke 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 or of the eligible student.*

## PARENT INFORMATION ABOUT INHALER PROCEDURES

1. Any medication taken in school must have the parent or guardian-signed authorization and physician order if required by regulation.
2. The parent or guardian is responsible for obtaining the physician statement, Part II.
3. A physician 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 order
  - Duration of medication order and effective dates
  - Reason of medication or diagnosis
  - Name of medication
  - Exact dosage to be taken at school
  - Time to take medication and frequency or exact time interval dosage is to be administered
  - If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again (“Repeat as necessary” is unacceptable)
  - Symptoms, other medications the student is taking
  - Statement that the student may self-administer
  - Physician’s signature
  - Date
4. Physician samples must be appropriately labeled by the physician to include information requested in item 3.
5. The parent or guardian is responsible for submitting a new form to the school at the start of the school year and each time that there is a change in the dosage or in the time at which the medication is to be taken. The first dose of any new medication is to be given at home.
6. Medications kept in the school will be stored in a locked area accessible only to authorized personnel unless approved for the student to carry during school hours. If a student carries his or her own inhaler, a backup may be kept in the clinic.
7. Within one week after expiration of the effective date on the physician order or on the last day of school, the parent or guardian must personally collect any unused portion of the medications. Medications not claimed within that period will be destroyed.
8. In no case may any health nurse or staff member administer any medication outside the framework of the procedures outlined here and/or in the CCPS regulations.

*Reverse side of form*