

ASTHMA MEDICATION SELF-ADMINISTRATION FORM

Name of Student:	DOB:
Address:	Home Phone:
Parent/Guardian:	Cell Phone: Work Phone:
Emergency Contact:	Phone:
medication described below and to be in possession	ically appropriate for the student to self-administer the asthma of the asthma medication at all times. Below is the name of e student's use as well as other pertinent information:
Name of Medication:	
Type of Medication:	
Dosage:	
Possible Side Effects:	
Signature of Health Care Provider	<u>Date</u>
	ent. I authorize my student to self-administer the asthma of the asthma medication at all times. I acknowledge that my and self-administering the asthma medication.
I also acknowledge that my student and I understand the for students sharing any medications with others.	nere are serious consequences, which may include suspension,
Signature of Parent/Guardian	

Note: The school will comply with the requirements of Utah Code Ann. §§ 26-41-101, et seq., regarding emergency administration of stock albuterol in response to an asthma emergency, in the event any school personnel seeks to become a "qualified adult" under that provision. The school may make stock albuterol available to a school employee who becomes a qualified adult. If a school nurse is not immediately available, a qualified adult may immediately administer stock albuterol to a student who has a diagnosis of asthma by a health care provider, has a current asthma action plan on file with the school, and is showing symptoms of an asthma emergency as described in the student's action plan. In such situations a qualified adult shall initiate appropriate medical follow-up in accordance with their training materials after administering stock albuterol.