



Authorization to Self-carry/Administration of Metered Dose Inhalers During School and School Sponsored Activities

Vermont Statutes, Title 16 chapter 31 § 1387 Possession and self-administration of emergency medication states that an asthmatic student may be able to carry a metered dose inhaler on their person while in school when they have written approval from the parent/guardian and physician.

Student _____ DOB _____ Grade _____

School _____

Medication Dose _____ Time _____

Method of Administration Metered Dose Inhaler Spacer (Y/N) _____

Diagnosis _____ Other _____

Possible Side Effects/Precautions/Recommended Interventions _____

Other _____

Duration (dates) of Administration: From _____ to _____ (Limit: One year).

I request that my child be allowed to carry/self-administer his/her Metered Dose Inhaler medication and be responsible for its proper storage and use. I take responsibility for this permission. I understand that this medication must be in the original pharmacy container, labeled with name of student. I will support my child to follow the above agreement and if s/he does not, I will be contacted and we will develop a new plan.

Parent/Guardian _____ Date Daytime _____ Telephone Number _____

I have demonstrated the correct use/administration of this medication and agree to terms of this contract. I will keep medication in agreed location, will not share this medication with others, and will come to the health room/clinic if having the following symptoms after using the medication.

Student _____ Date _____

I authorize this student to carry/self-administer the above medication. He/she has been trained to recognize signs/symptoms of asthma/breathing difficulties and how to correctly use the inhaler by me and/or my office staff.

Physician's Name/Stamp _____

Physician's Signature _____ Date _____

- Extra Inhaler in Health room Copy to Student Asthma Action Plan Received