

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 physician orders in part II.			
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.) <div style="text-align: center;"> First dose was given: Date _____ Time _____ </div>			
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 physician/provider to clarify information provided on the inhaler authorization form should the need arise.			
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 _____	
Medication _____		Dosage to be given at school or SACC _____	
Symptoms or activity for which medication is ordered _____		Time(s) medication is given _____	
Effective date <input type="checkbox"/> Current School Year <input type="checkbox"/> From _____ To _____		Time interval for repeating dosage _____	
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) _____			
Physician Name (Print or Type) _____		Physician 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 and II above are complete including signatures. (It is acceptable if all items in part II are written on the physician's stationery or a prescription pad.)			
<input type="checkbox"/> 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.)			
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 INFORMATION ABOUT INHALER PROCEDURES

1. Nonessential medication will not be permitted in school during school hours or during school-sponsored activities or SACC. Any medication taken in school or at SACC 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's statement in 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 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
 - 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 above.
5. 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. The first dose of any new medication shall be given at home.
6. 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.
7. 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.
8. 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 medication(s) unless the student has been authorized to carry them. Medications not claimed within that period will be destroyed.
9. 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.
10. The parent/guardian must provide a supply of medication to FCPS and SACC for medication required to be administered during the school day and in SACC.