

**ADMINISTRATION OF MEDICATIONS TO STUDENTS**  
***(Request for Inhalation Medication/Administration During School Attendance)***

Student: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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**Metered Dose Inhaler**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for RX: \_\_\_\_\_

Time/Frequency of Administration: \_\_\_\_\_

Special Instructions/Concerns: \_\_\_\_\_

Does student need to carry the inhaler with him/her at school? Yes \_\_\_\_\_ No \_\_\_\_\_

If student will be carrying a metered dose inhaler at school, the inhaler must have a prescription label affixed to it at all times. A "Permission for Student to Self-Administer Medication by Metered Dose Inhaler" form must be completed and on file in the nurse's office per policy of the Clinton School District.

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**Nebulizer**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for RX: \_\_\_\_\_

Time/Frequency of Administration: \_\_\_\_\_

Special Instructions/Concerns: \_\_\_\_\_

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I understand that it is my responsibility to furnish the above-mentioned medication and any equipment/supplies needed to administer said medication with the exception of the nebulizer machine. I further understand that any school employee who administers the above-mentioned medication to this student in accordance with written instructions from the physician shall not be liable for damages as a result of an adverse reaction suffered by the student because of administration of the above-mentioned medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRN INHALER/BREATHING TREATMENT FLOW SHEET**

<b>Date/Time</b>	<b>Inhaler</b>	<b>Breathing Treatment</b>	<b>Assessment</b>	<b>Date/Time</b>	<b>Inhaler</b>	<b>Breathing Treatment</b>	<b>Assessment</b>

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***Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.***

Implemented: 02/18/2004

Clinton School District #124, Clinton, Missouri

