

DOES NOT APPLY
TO MY CHILD.
CHECK HERE _____



INHALER AUTHORIZATION

FAIRFAX COUNTY HEALTH DEPARTMENT

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I PARENT OR GUARDIAN TO COMPLETE

I hereby request 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, claim expense, demand or action, etc., against them for helping this student with the inhaler, provided FCPS, FCHD, and SACC personnel are following physician instructions as written in part II below.

Medication 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, public health nurse, or clinic 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 OR SACC:	TIME(S) MEDICATION IS GIVEN:
EFFECTIVE DATE: <input type="checkbox"/> Current School Year <input type="checkbox"/> From: _____ To: _____	If the student is taking more than one medication at school, list sequence in which medications are to be taken.

Check 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.

- The student is to carry an inhaler during school or SACC 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 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 _____

Date _____

(Required if student carries inhaler)

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 stationery 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 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 or of the eligible student.

PARENT INFORMATION ABOUT INHALER PROCEDURES

1. Nonessential medication will not be permitted in school or during school hours or during school-sponsored activities or SACC. Any medication taken in school or 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 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 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.
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. Medication 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 worker or school or SACC staff member administer any medication outside the framework of the procedures outlined here and/or in FCPS regulation.