

Child Care Inhaled Medication Form

Physician's Recommendation for Prescribed Inhaled Medication to be kept in Possession of School-Aged Child with Asthma while at Child Care Center/Home

Name of Child: _____ Center/Home: _____

Date of Birth: _____ Name of Parent/Guardian: _____

Name of Prescribed Inhaled Medication: _____

Date Prescribed: _____ Duration of Prescription: _____

I have prescribed the above named inhaled medication for the child named above to be used for the prevention and treatment of asthma symptoms. It is my judgement, after discussion with the child and with the parent/guardian of this child, that this child has sufficient knowledge and maturity to use this inhaled medication correctly. Therefore, I recommend that this student be permitted to keep this inhaled medication in his/her possession while at school.

Physician's Signature

Date

DEA#

Parent's Permission

After discussion with my child and with my child's physician, it is my judgement that my child has sufficient knowledge and maturity to use the prescribed inhaled medication correctly. Therefore, I request that my child be permitted to keep his/her prescribed inhaled medication for the prevention and treatment of asthma symptoms in his/her possession while at child care. I hereby release the child care center/homes and employees from any and all liability related to my child having this medication in his/her possession.

Parent/Guardian Signature

Telephone Number

Date