



Saint Kilian Parish School

Private Physician Request for Inhaler Medication

We, the parent/guardian of _____, are requesting that the following medication you have prescribed be available for our child during the school day. It is the school's request that medication be given before or after the school day when possible. However, if it is essential that this medication be available during school hours, we are asking that you complete the following information. Please be aware that a school nurse is not available to assess my child's need for this medication, and we are requesting that our child carry his/her own inhaler. The school will not be responsible for administration of this medication.

Parent/Guardian Signature

Print Parent Name

	#1	#2
Name of Inhaled Medication		
Dosage		
Frequency of Administration		
Medication should be administered when...		
Side Effects		
If medication is administered, the following should occur...(i.e. hold P.E. class)		
Is the student capable of self administration? **	YES NO	YES NO

** For Inhaler Use:

My patient has demonstrated to me that he/she can self administer inhaled medication and is qualified to carry his/her inhaler according to Pennsylvania State Law. Saint Kilian Parish School reserves the right to withdraw permission at any time if the student is unable to demonstrate responsible behavior in carrying and/or taking the above named medication.

Physician Signature

Date

Print Physician Name

Phone