

STUDENT SELF-ADMINISTRATION OF INHALER MEDICATION

This form must be completed in order for a student to carry an inhaler at PCA.

Pantego Christian Academy is hereby authorized to allow _____ to carry a prescribed inhaler on his/her person at all times. It is understood that this privilege will be revoked if the inhaler is used by anyone other than the student for which it is prescribed.

Brand name of prescribed inhaler: _____

Physician's Signature

Date

Physician's name (please print): _____

Signature of Parent of Legal Guardian

Date

Administration of Medication by School Personnel

Physician's Request

Pantego Christian Academy Fax number 817-459-4687

This form must be completed for a student to receive long-term medication to be administered at school.

Student: _____

Medication(s) and Dosage:

Condition(s) for which this medication is to be administered: _____

This medication may be administered by the school nurse or the medically untrained designate of a PCA Principal and/or the Administrator.

Physician's signature

Date

Physician's name (please print): _____

Signature of Parent or Legal Guardian

Date

The above-listed medication must be in a prescription bottle with a label that includes prescription, name of patient, name of medication, date of prescription, dosage, and physician's name.