



Asthma Self-Administration Authorization Packet

A new packet must be completed each school year

Contents of Packet:

- **Medication Guidelines and Authorization form**
 - Gives parental consent for nurse to give asthma medication to student as prescribed
 - Complete so nurse can assist student with medication administration as needed
- **Permission for Student to Carry and Self-Administer Prescribed Asthma Medication**
 - Requires Physician/HCP signature indicating student has been instructed on proper self-administration of asthma medication and is judged to be capable of self-administration
 - Requires Parent/Guardian signature giving student permission to self-carry and self-administer asthma medication per Park Hill policies listed and recognizing the school shall incur no liability as a result of any injury arising from the self-administration of asthma medication by student
- **Student Asthma Skills Checklist**
 - Tool for school nurse to assess student's readiness to self-administer asthma medication
 - If school nurse doesn't feel comfortable with student's readiness, student may not be allowed to carry asthma medication
- **Asthma Action Plan**
 - Park Hill Health Service's standing Asthma Action Plan
 - Provides guidelines nurse will follow to care for asthma students
 - ***If you have an Asthma Action Plan from a physician, please provide a copy to your school nurse; we prefer to follow a physician's asthma action plan to match what is done at home to care for your student's asthma***