



Timberlake Christian Schools

Respiratory Inhaler Medication Administration Form

For a respiratory inhaler that may need to be administered during the school day or during school-sponsored activities, we must have this form completed by you and by your child’s health care provider. This medication must be supplied by the parent/guardian in its original container from the pharmacy.

Student Name _____ Date of Birth _____

Grade _____ Teacher _____

Asthmatic: Yes _____ No _____ Other Diagnosis _____

Allergic to _____

Name of Medicine _____

Dose to be given _____

Frequency/time to be given _____

Student requires supervision: Yes _____ No _____

Student can carry and self-administer Inhaler: Yes _____ No _____

Keep Medication in Nurses’ Office _____ Return Medication Home _____

Date to stop Medication _____

I give my permission for school personnel to administer the prescribed medication listed above. I agree to allow this information to be shared with those adults responsible for my child’s care. I understand that I am responsible for providing the school with the prescribed Medication in the amount needed and in its original container with label intact as needed by my child. I hereby release Timberlake Christian Schools from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance.

Signature of Parent/Guardian _____ Date _____

Signature of Licensed Prescriber _____ Date _____

Printed name of Prescriber _____