

**Diocese of St. Augustine**  
**Physician's Orders for Self-Administration of Inhaler by Student at School**

SPECIAL NOTE: The physician's orders must be accompanied by signed parental authorization form.

TO: The Physician

The information requested below is needed if a student is to use an inhaler in a Diocese of St. Augustine School. We appreciate your assistance in this matter.

Full Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/ Guardian's Work Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Problem Requiring Inhaler: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Amount to be Given: \_\_\_\_\_

When/ How Often: \_\_\_\_\_

What other emergency procedures should be instituted if inhaler proves ineffective: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

It is understood that school personnel will not be responsible or liable for the administration of the medication listed above. It is further understood that proper instruction in the use of the inhaler has been given to the parent and student by you/ your staff. The privilege of self-administration of medication can be withdrawn if abused by the student.

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

