SUMMARY OF LAW

This law permits students of school districts, community schools, and chartered nonpublic schools to carry asthma inhalers with the consent of the students' physician and parents. In addition, the bill would grant immunity to school districts, community schools, and chartered nonpublic schools and their employees for good faith actions in connection with this permission.

The written approval form shall include at least all of the following:

- 1. Physician and parent/guardian written authorization
- 2. The student's name and address
- 3. Name and dose of the medication contained in the inhaler
- 4. Date administration is to begin and cease
- 5. Written instructions that outline procedures school personnel should follow in the event the medication does not produce the expected relief from the student's asthma attack
- 6. Side effects or severe reactions that may occur to the child for whom the medication was prescribed or to any other child using the inhaler
- 7. Emergency phone numbers for physicians, parent and/or guardian
- 8. Other special instructions

SELF-MEDICATION FOR ASTHMA INHALERS AUTHORIZATION FORM		
Student Name	Grade: Date of Birth	Today's Date
Address	City, State, Zip	
Medication Name	Diagnosis:	
Dosage		
Date the administration is to begin:	Date the administration is	to cease:
Adverse reactions that should be report	ted to the physician:	
	r:	
Adverse reactions for unauthorized use		
	edication does not produce the expected relief from	m student's asthma attack:
Procedure to follow in the event that m		m student's asthma attack:
Procedure to follow in the event that m Other special instructions:	edication does not produce the expected relief from	m student's asthma attack:
Procedure to follow in the event that m Other special instructions: Physician and parent/guardian emerger	edication does not produce the expected relief from	
Procedure to follow in the event that m Other special instructions: Physician and parent/guardian emerger	edication does not produce the expected relief from	Fax:
Procedure to follow in the event that m Other special instructions: Physician and parent/guardian emerger Physician Name: Signature:	edication does not produce the expected relief from	Fax:
Procedure to follow in the event that m Other special instructions: Physician and parent/guardian emerger Physician Name: Signature: Further, we (I) give consent for the school no	edication does not produce the expected relief from a cyphone numbers: Phone: Date:	Fax:
Procedure to follow in the event that m Other special instructions: Physician and parent/guardian emerger Physician Name: Signature:	edication does not produce the expected relief from the expected relief	Fax:

Unauthorized Use of An Asthma Inhaler May Constitute a Violation of the Drug/Alcohol Policy