



# *Parent Information about* **Inhaler Procedures**

1. Nonessential medication will not be permitted in school or during school hours or during school sponsored activities. Any medication taken in school (LKNC) must have the parent or guardian signed authorization and physician order if required by regulation.
2. The parent or guardian is responsible for obtaining the physician statement, Part II.
3. A physician may use office stationery or a prescription pad in lieu of completing Part II. Include the following information written in lay language with no abbreviations.
  - name of student
  - date of order
  - duration of medication order and effective dates
  - reason for medication or diagnosis
  - name of medication
  - exact dosage to be taken in school
  - time to take medication and frequency or exact time interval dosage is to be administered
  - if medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. (“Repeat as necessary” is unacceptable)
  - symptoms, other medications the student is taking
  - statement that the student may self-administer
  - physician’s signature
  - date
4. Physician samples must be appropriately labeled by the physician to include information requested in number 3 above.
5. The parent or guardian is responsible for submitting a new form to the school or LKNC at the start of the school year and each time there is a change in the dosage or in the time at which medication is to be taken. The first dose of any new medication shall be given at home.
6. Medication kept in the school will be stored in a locked area accessible only to authorized personnel unless approved for the student to carry during school hours. If a student carries his or her own inhaler, a backup may be kept in the clinic.
7. Within one week after expiration of the effective date on the physician order or on the last day of school, the parent or guardian must personally collect any unused portion of the medications. Medications not claimed within that period will be destroyed.
8. In no case may any health worker or school or LKNC staff member administer any medication outside the framework of the procedures outlined here and/or in LKNC regulation.
9. Parents are responsible for maintaining the supply of non-expired medication in the school.



# Lake Norman Christian School Inhaler Authorization

Please read the information and procedures form.

## Part I – PARENT OR GUARDIAN TO COMPLETE

I hereby request Lake Norman Christian (LKNC) personnel to permit the student identified below to use an inhaler in school as prescribed. I agree to release, indemnify, and hold harmless LKNC and any of their officers, staff members, or agents from lawsuits, claim expense demand or action, etc., against them for helping this student with the inhaler, provided LKNC personnel are following physician instructions as written in Part II below. I have read the procedures form and assume responsibility as required.

Medication:     Renewal             New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)

First does was given: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Student Name (Last, First, Middle)

Date of Birth

School Year

No LKNC employee shall administer medication or treatment, as an exception under LKNC policy, unless all the required clearances have been personally reviewed by the principal or his or her designee. It is the responsibility of the parent to maintain a supply of non-expired medication (inhalers) to the school.

Parent or Guardian Signature

Daytime Telephone

Date

## PART II – PHYSICIAN TO COMPLETE

DIAGNOSIS:

LIST TRIGGERS:

DATE OF ORDER:

MEDICATIONS:

SYMPTOMS OR CONDITIONS FOR WHICH MEDICATION IS ORDERED:

TIME INTERVAL FOR REPEATING DOSAGE:

DOSAGE TO BE GIVEN AT SCHOOL:

TIME(S) MEDICATION IS GIVEN:

EFFECTIVE DATE:

If the students is taking more than one medication at school, list sequence in which medications are to be taken:

Current School Year From: \_\_\_\_\_ To: \_\_\_\_\_

Check appropriate box:

I believe that this student has received adequate information on how and when to use an inhaler and that he or she can use it properly.

- The student is to carry inhaler during school or LKNC hours with principal approval. (An additional inhaler, to be used as backup, may be kept in the office or other approved school location.)
- The inhaler will be kept in the school office or other approved location (specify): \_\_\_\_\_

Physician Name (Print or Type)

Physician Signature

Telephone or Fax

Date

Parent or Guardian Name (Print or Type)

Parent or Guardian Signature

Telephone

Date

Student Signature

Date

## PART III – PRINCIPAL OR PRINCIPAL DESIGNEE

Check as appropriate:

- Parts I and II above are completed including signatures. (It is acceptable if all items in Part II are written on the physician's stationery or a prescription pad.)
- Medication is appropriately labeled. \_\_\_\_\_ Date by which any unused medication is to be collected by the parent. (within one week after expiration of the physician order or on the last day of school)
- The student has been approved by the principal to carry an inhaler. An emergency form must be on file.

Principal or Principal Designee Signature

Date