Field Local Schools
Medication Request for Asthma Inhalers
As required by Section 3313.716 Ohio Revised Code

Student Name__________________________________________      Date____________________
Address__________________________________________________________________________
City__________________________________     State____________       Zip__________________

Medication Name & dosage:________________________________________________________________________

Date the Administration is to Begin:____________________________________________________
Date Administration is to Cease:____________________________________________________
Adverse Reactions that should be reported to the physician:______________________________________

Adverse Reactions for UNAUTHORIZED USER: _____________________________________________

Procedure to follow in the event that Medication does not produce the expected relief from the
student’s Asthma attack _________________________________________________________________

Special Instructions: _________________________________________________________________

This student is to: _____ keep an inhaler in the office / _____ carry on person to use as instructed by
the undersigned physician and in accordance with school policy. **Physician - Please initial correct
direction.**

This student has been instructed and has shown competency in using his/her inhaler by:
_________________________________________________________________________________

If student self carries inhaler but does NOT have it when it is needed whom do we call? (name &
number)__________________________________________

**Physician and parent/guardian names, signatures and emergency phone numbers:**

Physician Name:_________________________ Phone: ____________________________
Signature: _______________________________ Date: ____________________________

Parent/Guardian Name:_________________________ Phone: ____________________________
Signature: _______________________________ Date: ____________________________

Copies MUST be provided to the Principal and to the school nurse.

Revised 5/10