

Permission to Give Inhaler Medication at School

Child's Name _____ DOB _____

Medication Albuterol HFA (Proventil HFA, Ventolin HFA, ProAirHFA) / Xopenex HFA

Dosage 2 puffs _____ Route Inhaled Orally _____

To be given at the following time(s) Every 4 hrs as needed; 30 min. prior to exercise as needed

Special Instructions May repeat dose if needed for acute symptoms

Purpose of medication Bronchodilator: to relieve cough, wheeze, tightness

Side effects that need to be reported Notify parent if ineffective

Starting date _____ Ending Date None

Health Care Provider Name _____ Phone _____

Fax _____

Health Care Provider Signature _____

I authorize this medication to be given to my child as directed above. I give my consent for the nurse to communicate with the health care provider regarding this medication.

Parent Signature _____ Date _____