

Oregon Community Unit School District #220

206 South Tenth Street, Oregon, Illinois 61061

Oregon High School Phone: 815-732-4528 Fax: 815-732-3361	David L Rahn JH School Phone: 815-734-6032 Fax: 815-734-7129	Oregon Elementary School Phone 815-732-2911 Fax 815-732-5396
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Consent for Administration of Prescription Inhalers for Asthma

State of Illinois Law states that asthma medications may be given to students *upon written request of a parent/guardian*. It also states that students may participate in self administration of medication. All information is kept confidential, and will become a permanent part of your child's health record.

STUDENT NAME: _____ BIRTHDATE: _____

SCHOOL: _____ GRADE: _____ TEACHER: _____

PARENT REQUEST SECTION:

As the parent or legal guardian of the above named student, I hereby request that the school nurse or other authorized school personnel give the prescription or medication as designated below.

Parent Signature: _____ Phone: _____ Date: _____

TO SEND MEDICATION TO SCHOOL:

1. The prescription-labeled or original medication container must be sent.
2. On the medication container must be written the student's name, doctor's name, date, medication, dosage and the time to be given.
3. All inhalers will be kept in the school office unless you give consent for your child to carry it with him/her.

Copy of rx label here

Approval for student to carry emergency inhaler (recommend for 10yrs and older) YES OR NO

School Nurse Signature: _____ Date: _____