

**Buckeye Valley Local School District**  
**Self Medication for Rescue Inhaler Authorization Form**

An Asthma Action Plan **MUST** accompany this form

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Address: \_\_\_\_\_  
(street/apt. #/PO Box/city/zip code)

School: \_\_\_\_\_ grade: \_\_\_\_\_

Reason for carrying Rescue inhaler: Asthma Bee/Insect Sting Peanuts Tree Nuts Other  
If other, please specify: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ frequency: \_\_\_\_\_  
Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

Adverse reactions that should be reported to the physician : \_\_\_\_\_  
\_\_\_\_\_

Severe Adverse reactions that may occur to another child, for whom the inhaler is not prescribed, should they receive a dose \_\_\_\_\_

Other instructions: \_\_\_\_\_

By signing below, the physician or other health care provider and parent/guardian state that it is their request that the above student carry the rescue inhaler on their person at school and any school function. They realize that because the student is self-administering medication, no adult may be aware that the student is experiencing difficulty, preventing adults from responding appropriately in an emergency; and that the student has been fully trained in the use of the rescue inhaler , knows why, how and when to use it properly and will not give the rescue inhaler to any other student.

In the event that the rescue inhaler is abused or misused by the student or others, school personnel have the responsibility to assume control of the rescue inhaler and contact the parent/guardian to assess the next best action for the student, classmates and others.

Physician Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

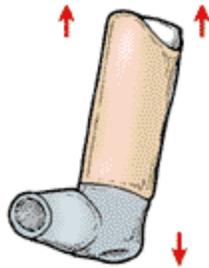
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, the above named student states an understanding of the circumstances of his/her specific health condition, is able to identify signs/ symptoms of respiratory distress and identify the need for inhaler use and mastery of technique of administering medication using a rescue inhaler with another person. The above named student agrees to NEVER share the rescue inhaler with another person. The student agrees to seek adult help IMMEDIATELY in the event of difficulty breathing (regardless whether or not the rescue inhaler was administered)

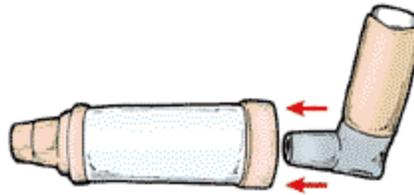
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Buckeye Valley Local School District

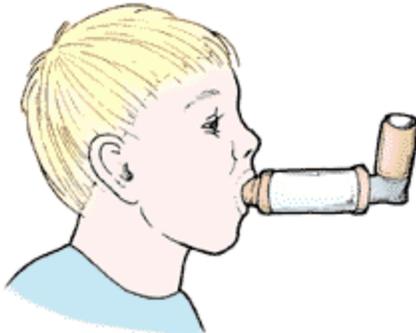
## How to Use a Metered-Dose Inhaler with an Aerochamber (Spacer)



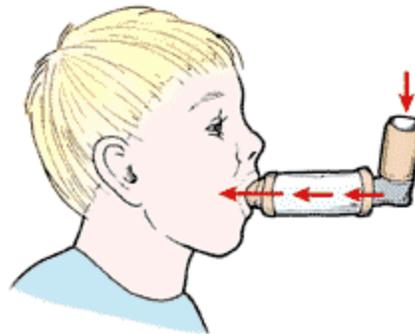
1. Shake the medicine.



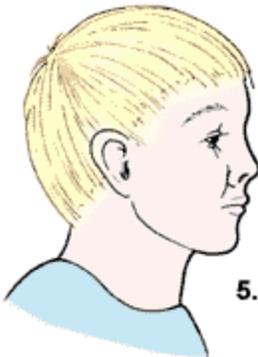
2. Insert the mouthpiece of the inhaler into the rubber-sealed end of the Aerochamber.



3. Breathe all the air out of your lungs then put the Aerochamber into your mouth between your teeth. Make a tight seal around the mouthpiece with your lips.



4. Press the metered-dose inhaler down once to release a spray of medicine. The medicine will be trapped in the spacer. Breathe in slowly and deeply.



5. Hold your breath for at least 5 to 10 seconds. Breathe out slowly.