



**PHYSICIAN'S ORDERS FOR SELF-ADMINISTRATION
OF INHALER BY STUDENT AT SCHOOL**

Student Name: _____ Student #: _____ DOB: _____
Last First Middle

Home Address: _____ Parent Phone #: _____

To: The Physician

The information requested below is needed because a student is to use an inhaler in a Hillsborough County Public School. We appreciate your assistance in this matter. If you would like to discuss this procedure with a School Health Services staff member, please call 273-7020.

Health problem requiring inhaler: _____

Name of medication: _____

Amount to be given: _____

When/how often? _____

What other emergency procedures should be instituted if the inhaler proves ineffective? _____

It is understood that school personnel will not be responsible or liable for the administration of the medication listed above. It is further understood that proper instruction in the use of the inhaler has been given to the parent and student by you/your staff. The privilege of self-administration of medication can be withdrawn if abused by the student.

Physician Signature: _____ **Date:** _____

Physician Printed Name: _____ **Phone #:** _____

[FS 1002.20](#)

(h) Inhaler use.—Asthmatic students whose parent and physician provide their approval to the school principal may carry a metered dose inhaler on their person while in school. The school principal shall be provided a copy of the parent's and physician's approval.

