



**ASTHMA SELF-ADMINISTRATION FORM**

Today's Date: \_\_\_\_\_

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH CARE PROVIDER AUTHORIZATION**

The above-named student is under my care. I believe that it is medically appropriate for the student to self-administer asthma medication and be in possession of asthma medication at all times. The medication prescribed for this student is:

Name of Medication: \_\_\_\_\_

Type of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Health Care Provider* \_\_\_\_\_ *Date* \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

I authorize my child to carry and self-administer the medication described above consistent with Utah Code § 53A-11-602.

I do not authorize my child to carry and self-administer this medication. Please keep my child's medication with appropriate school personnel.

My child and I understand there are serious consequences, which may include suspension, for sharing any medications with others.

\_\_\_\_\_  
*Signature of Parent/Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_