



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