

## ASTHMA

If you have a child with asthma, you should know about the Iowa law that went into effect July 1, 2004. Your child may be eligible to carry his or her rescue inhaler a school and self-administer it. If your child attends a public school, your child may carry his/her inhaler at school and self-administer it when the following conditions are met:

The inhaler has an individual prescription label

The inhaler is prescribed by a physician for the student

The inhaler pertains to the student's asthma or other airway constricting disease

The student's parent/guardian provides to the school a written statement from the student's physician

Please check one of the following:

\_\_\_\_\_ My child will be responsible for his/her inhaler.

\_\_\_\_\_ The school will be responsible for my son/daughter's inhaler

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

# MEDICATION

You have indicated that your child will require medication during school hours. The medication must be brought to the school in the container prescribed by the pharmacy.

Please remind your child that he/she is responsible for asking for the medication at the appropriate time.

This form must be completed for your child to have medications administered during school.

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As parent/guardian of a student in West Fork Schools, I hereby authorize and consent to school personnel giving medication and release the school district and its personnel from any adverse side effects or reactions resulting therefrom.

## MEDICATION PERMISSION FORM

\_\_\_\_\_  
NAME OF STUDENT

\_\_\_\_\_  
GRADE

\_\_\_\_\_  
NAME OF MEDICATION

\_\_\_\_\_  
NAME OF PHYSICIAN

\_\_\_\_\_  
\_DOSAGE

\_\_\_\_\_  
REASON FOR MEDICATION

\_\_\_\_\_  
TIME

\_\_\_\_\_  
WARNINGS

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE