

Date _____

Utah Department of Health/Utah State Office of Education
Asthma Self-Administration Form
in accordance with Utah Code 53A-11-602

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 feel it is medically appropriate for the student to self-administer inhaled asthma medication and be in possession of inhaled asthma medication at all times. The medication prescribed for this student is:

Name 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 medications 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 for sharing any medications with others.

Parent/Guardian Signature _____ Date _____