



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

<http://www.flsenate.gov/Laws/Statutes/2010/1002.20>

Full Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student # \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian' Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**SPECIAL NOTE:** The physician's orders must be accompanied by signed parental authorization form.

**To: The Physician**

The information requested below is needed if 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 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 The privilege of self-administration of medication can be withdrawn if abused by the student.**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's 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.



**PARENTAL AUTHORIZATION FOR STUDENT  
TO SELF-MEDICATE (Part F, Item 6)**

<http://www.flsenate.gov/Laws/Statutes/2010/1002.20>

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student # \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_

**As the parents/guardians of the student named above, we/I authorize her/him to take (self-administered) the following medication at school:**

Name of medication \_\_\_\_\_

Amount/Dosage \_\_\_\_\_ Expiration Date \_\_\_\_\_

Time student will take medication \_\_\_\_\_

Date medication will start \_\_\_\_\_ To end \_\_\_\_\_

Physician's Name \_\_\_\_\_

Health Problems requiring medication \_\_\_\_\_

Possible reactions/side effects \_\_\_\_\_

Where medication will be kept at school: \_\_\_\_\_

**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 the authorizing physician has given proper instruction in the use of the inhaler to parent and student. Permission is also granted for school personnel to contact the physician if there are questions or concerns about the medication. We/I are aware the privilege of self-administration of medication can be withdrawn if abused by the student.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Daytime Phone**

\_\_\_\_\_  
**Evening Phone**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Daytime Phone**

\_\_\_\_\_  
**Evening 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.