Authorization for Administration of Inhaled Asthma Medication

For Completion by Parent/Guardian

I give my permission for my child to carry and self-administer inhaled asthma medication if needed before exercise or to alleviate asthma symptoms as directed by his/her physician.

I request that my child be assisted by authorized school personnel in taking the medication described above while at school.

Authorization is also hereby granted to release this information to any appropriate school personnel who interact with my child.

Parent/Guardian Signature ________________________________ Date __________

Daytime Telephone (______) ____________________________ Cell (______) ____________________________

Emergency Contact Name ______________________________ Relationship ______________________________

Emergency Contact Telephone (______) ____________________________ Cell (______) ____________________________

For Completion by Physician

Physician’s Name ________________________________

Telephone (______) Fax (______) Emergency Telephone (______)

Medication Name ________________________________

Dose ________________________________

Medication is administered daily. ☐ Yes ☐ No If yes, what time____________

Medication is administered as needed. ☐ Yes ☐ No If yes, what are the indications? ________________________________

If needed, how soon can administration of medication be repeated? ________________________________

The medication cannot be repeated more than ________________________________ School Year/Effective Dates ________________________________

Side Effects ________________________________

Comments ________________________________

_________I have instructed in the proper way to use his/her inhaled asthma medication. It is my professional opinion that he/she should be allowed to carry and use this inhaled medication as prescribed if needed prior to exercise or to alleviate asthma symptoms.

Physician’s Signature ________________________________ Date __________
Wisconsin Statute 118.291 allows students with asthma to possess and use metered dose and dry powder inhalers with written permission from their physician and parent/guardian.

Asthma is a life-threatening disease. An asthma attack needs to be treated right away with prescribed rescue medication. If an asthma attack occurs on the playground, in the gym, on the school bus, in the classroom, or on a field trip, there may not be time to get a student’s medication if it is stored or locked away in the school or health office. An asthma attack can kill within minutes.

The Wisconsin Student Inhaler Law allows a student with asthma to carry prescribed preventative and/or rescue asthma medication with him/ her at school in a locker, pocket, backpack, etc. The school cannot make a rule that contradicts the law and is exempt from any liability from complying with it.

Know the law, and discuss its importance with your school’s personnel. To learn more about Wisconsin Statute 118.291 or asthma, visit [www.lungwi.org](http://www.lungwi.org) or call the American Lung Association of Wisconsin at (800) LUNG-USA/(586-4872).

**Asthma Emergency! Knowing What to Do**

Recognizing a student’s asthma symptoms and knowing what to do when an asthma emergency occurs is extremely important. At the beginning of the school year, each student with asthma should have an asthma action plan developed by the parent and the child’s physician. The plan should include clear instructions for school staff on the student’s asthma care needs and medications prescribed as well as the appropriate steps to take in the event of an asthma emergency.

*Talk to your school personnel about these and other symptoms that may signal an asthma emergency:*

**Asthma symptoms requiring immediate action:**
- Coughing
- Wheezing
- Difficulty breathing
- Tightness in chest

**Other warning signs may include:**
- Fatigue
- Stomach cramps
- Headaches
- Difficulty keeping up with classmates when physically active

**Actions to take during an asthma episode:**
- Stop the student’s current activity and make sure he/she remains calm
- Follow the student’s asthma action plan
- Make certain the student’s inhaled medication is available and used properly*
- Observe the student to make certain his/her condition improves
- Communicate with the student’s parent/guardian if the child has experienced any breathing difficulties

*Overuse of medication may be a sign of misuse or an indication that the medication delivery device is empty. Report any concerns to the student’s parent/guardian or school health office personnel.

**GET EMERGENCY HELP:**
- If the student’s condition does not improve
- If any of the symptoms listed on the student’s asthma plan as emergency signs are present

**If any of the following conditions are present, call 911:**
- The student is hunched over with shoulders lifted, straining to breathe
- The student has difficulty completing a sentence without pausing for breath
- The student’s lips or fingernails turn blue
- The student loses consciousness

**For more information on asthma, contact:**
- The American Lung Association of Wisconsin at [www.lungwi.org](http://www.lungwi.org) or (800) LUNGUSA/(586-4872)
- The Wisconsin Asthma Coalition at [www.chawisconsin.org](http://www.chawisconsin.org)