Providence Christian Academy
School Address: 385 Chapman St. Greenfield, MA 01301
Phone: 413-325-3917 **Fax:** 413-828-2554
Email: admissions@pcama.org
Website: www.pcama.org

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Medication Self-administration Permission Form (For asthma inhalers)

Student's Name_____ Date of Birth _____

Address_____

Parent's Name _____Emergency Contact Number: _____

Doctor's Name/Number _____

Diagnosis _____

Medication _____

Signs/symptoms f or which student would self-administer: _____

_____

Dosage and directions for administration: _____

_____

This student is capable of self-administering this medication and of recognizing when it's needed.

Physician signature _____

Date: _____

My child has permission to self-administer this medication at school when needed. I understand that the school personnel are not responsible for any problems arising from the administration of this medication. I understand that the school does not have a school nurse on staff.

Parent/guardian signature _____

Date: _____