

**Providence Christian Academy**  
385 Chapman St. Greenfield, MA 01301  
(Tel) 413-325-3917 (Fax) 413-828-2554  
Email: admissions@pcama.org  
Website: pcama.org



### **Authorization for Self-Medication Administration Form (Inhaler)**

Providence Christian Academy does not have a full-time school nurse. Therefore, we cannot administer medications on a regular basis. In the case a student has a prescribed inhaler, ***school trained personnel can assist/supervise only with this doctor's order form signed/parent signed.*** In the event a student has worsening symptoms after inhaler received, 911 is called for transport to nearest hospital and parent/emergency contact will be informed.

### **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 for 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: \_\_\_\_\_