ASTHMA MEDICATION SELF-ADMINISTRATION FORM

udent Name	DOB		
	Y	d self-administer life-saving asthma medication	s when
he Missouri Safe Schools Act of 1996 provi	des for students to carry and	1 seij-aammisier tije-saving asiima meareasters	
à fallouing critoria are met:			
1) Written authorization by the parents	'guardian		•
2) Modical history of student's asthma	on file at the school		•
	eal boalthoored blow on file ()	t school	*
3) Written asthma action plan/individu	miling health care provider	r that child has asthma, has been trained in the	use of
4) Written authorization from the pres	of the median of the median	ication	
the medication and is capable of sel	j-aaministration of the meat	icanon	10
		Time or Interval	
IEDICATION NAME	Dose	Time of interval	
HEDICATION TURNS			
oute/ inhalation device	Instruction	18	
			- .
	Dose	Time or Interval	<u>.</u>
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	the foods or oir hor	ne substances	
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