BOILING SPRINGS HIGH SCHOOL
SPORTS MEDICINE DEPARTMENT
INHALER AUTHORIZATION

PART I

I HEREBY REQUEST BOILING SPRINGS HIGH SCHOOL PERSONNEL AND SPORTS MEDICINE STAFF TO PERMIT THE ATHLETE IDENTIFIED BELOW TO USE AN INHALER IN SCHOOL AND DURING ATHLETIC PRACTICE AND EVENTS AS PRESCRIBED.

STUDENTS NAME _____ DATE OF BIRTH_____

PARENTS SIGNATURE_____ DATE_____

PART II PHYSICIAN TO COMPLETE

DIAGNOSIS: _____-DATE OF ORDER_____

SYMPTOMS OR DONDITIONS FOR WHICH MEDICATION IS ORDERED: _____
_____

DOSAGE TO BE GIVEN: _____ MEDICATIONS: _____

TIME (S) MEDICATION IS GIVEN: _____

CHECK APPROPRIATE BOX

☐ THE STUDENT IS TO CARRY AN INHALER DURING SCHOOL HOURS WITH PRINCIPAL APPROVAL. (AN ADDITIONLA INHALER, TO BE USED AS BACKUP MAYBE KEPT IN THE SPORTS MEDININE DEPT. OR SCHOOL MEDS CABINET).

☐ THE INHALER WILL BE KEPT IN THE SPORTS MEDICINE DEPT

EFFECTIVE DATE _____ ☐ CURRENT SCHOOL YEAR ☐ FROM: _____ TO: _____

_____	_____	_____	_____
PHYSICAN NAME	PHYSICAN SIGNATURE	PHONE NUMBER	DATE

_____	_____	_____	_____
PARENT/ GUARDIAN NAME (REQUIRED IF STUDENT CARRIES INHALER)	PARENT /GUARDIAN SIGNATURE	PHONE NUMBER	DATE

_____ DATE_____
STUDENTS SIGNATURE

PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE

CHECK AS APPROPRIATE:

☐ MEDICATION IS LABELED APPROPRIATELY

☐ THE STUDENT IS APPROVED TO CARRY AN INHALER

_____ _____
PRINCIPAL OR PRINCIPAL DESIGNEE SIGNATURE DATE