

Neshaminy School District

Administrative Offices • 2250 Langhorne-Yardley Road • Langhorne, PA 19047

ASTHMA INHALER PHYSICIAN'S ORDER

Student name	Age Date of Order	
Diagnosis		
Name of medication	Dosage	
Route /Time and/or frequency (be spec		
The above student should keep t	d able to carry and to self-administer an asthma inhaler. he asthma inhaler in the school health office and should be supervised during its use. e student may carry and self-administer the asthma inhaler.	
Printed Name of physician	Signature	
Address and phone number		
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the Neshaminy SD and its personnel from all responsibil share this medication with any other person and that he/ communicate with my child's health care provider, and n I request that my student keep their asthma inhal	oly with the request of my physician and allow my student to carry and self-administer an asthma inhaler. It ity for my student's use or misuse of this medication including missed doses. I understand that my student reshe will notify the school nurse anytime the use of the inhaler is required. I authorize the school nurse to by health care provider to reply as needed regarding this medication and my child's response. For in the school health office and I authorize the Neshaminy SD personnel to supervise my student in the uses shaminy SD. I authorize the school nurse to communicate with my child's health care provider, and my heal	may not e of the
Any medication administered by school persor required to be in a container appropriately labe	nnel must be delivered to the school nurse, the school principal or his/her designee and is led by the pharmacy or a physician.	;
04/2017	Parent Signature	