

Date \_\_\_\_\_

Utah Department of Health/Utah State Office of Education  
**Asthma Self-Administration Form**  
in accordance with Utah Code 53A-11-602

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Health Care Provider Authorization**

The above named student is under my care. I feel it is medically appropriate for the student to self-administer inhaled asthma medication and be in possession of inhaled asthma medication at all times. The medication prescribed for this student is:

Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Signature of Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Authorization**

I authorize my child \_\_\_\_\_ to carry and self-administer the medications described above consistent with Utah Code 53A-11-602.

I do not authorize my child to carry and self-administer this medication. Please keep my child's medication with appropriate school personnel.

My child and I understand there are serious consequences for sharing any medications with others.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*Students with a physical or mental impairment may be eligible under Section 504.  
For further information, contact the school principal or the Nebo School District 504 Coordinator.*

8/24/2004