

TRINITY ACADEMY
— MEADOW VIEW —

Trinity Academy Meadow View - Inhaler Authorization 2025-26

Complete a separate form for each child.

Student's Full Name

Date of Birth

Known Allergies

Part I - To be Completed by a Parent or Guardian

I hereby request designated school personnel to administer an inhaler as directed by this authorization for the stated academic year. I agree to release, indemnify, and hold harmless Trinity Academy Meadow View, the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use an inhaler. I understand that Trinity Academy Meadow View, its officers, agents, and/or any school employee who administers this medication to my child, in accordance with written instructions from the primary/prescribing physician, shall not be liable for damages as a result of an adverse reaction or any injury suffered by my child due to the administration or failure to provide the drug. The school reserves the right to not administer medication should circumstances warrant such action. In such situations, the School will make reasonable attempts to contact a parent of the student and consult with them as soon as practicable.

Inhaler: ____ Renewal ____ New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)

First dose was given: Date _____ Time _____

Parent or Guardian Name

Parent Signature

Date

Part II - To be Completed by a Licensed Healthcare Provider

Complete the following in lay language, no abbreviations.

DIAGNOSIS: _____

LIST TRIGGERS: _____

SIGNS / SYMPTOMS: _____

MEDICATION AND ROUTE: _____

DOSAGE TO BE GIVEN AT SCHOOL INTERVAL FOR REPEATING DOSAGE: _____

TIME TO BE GIVEN: _____ COMMON SIDE EFFECTS: _____

EFFECTIVE DATE: _____ Start: _____ End: _____

Please choose one below:

This patient has received information on how and when to use an inhaler and that he or she demonstrates its proper use. Please check either A or B below:

A.) ____ The patient is to carry an inhaler during school and during sanctioned events. An additional inhaler, to be used as backup, is needed at the FRONT DESK in an approved school medication locked box.

B.) ____ It is not necessary for the student to carry his inhaler during school, the inhaler can be kept at the FRONT DESK in an approved school medication locked box.

Licensed Health Care Provider (Print or Type)

Licensed Health Care Provider Signature

Phone

Date