

4.35F5-ALBUTEROL EMERGENCY ADMINISTRATION CONSENT FORM

Student's Name (Please print): _____

This consent form must be updated anytime the student's medication order changes and renewed each year and/or anytime a student changes schools.

My child has an IHP that provides for the administration of albuterol in emergencies. I hereby authorize the school nurse or other school employee certified to administer albuterol to administer albuterol in emergencies when he/she believes my child is in perceived respiratory distress.

The medication must be in the original container and be properly labeled with the student's name, the ordering provider's name, the name of the medication, the dosage, frequency, and instructions for the administration of the medication (including times). Additional information accompanying the medication shall state the purpose of the medication, its possible side effects, and any other pertinent instructions (such as special storage requirements) or warnings.

Date of healthcare provider's order: _____

Circumstances under which albuterol may be administered: _____

Other instructions: _____

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of albuterol per this consent form, District policy, and Arkansas Law.

Parent or legal guardian signature: _____

Date: _____

Date Adopted: June 2019

Last Revised: July 2024

Relates to Board Policy 4.35