Merritt ACADEMY
Enjoy the Journey

Inhaler Authorization Form

This form authorizes Merritt Academy to administer an inhaler to your child.
- If inhaler will be administered for 10 working days or less, you do not need a physician's authorization.
  - Manufacturer's instructions for application must be followed unless authorized by child's physician.
- If inhaler will be administered for 11 working days or more, you will need a physician's authorization by signing the form below, sending authorization via fax, or providing written authorization in another format (prescription note, written letter, etc.).

Child's Name:
Date of Birth:
Classroom:
Asthma Severity: Intermittent or Persistent — If Persistent, please check one: Mild Moderate Severe
Medication Name:
Dosage and Times to be Given:
Any Adverse Reactions:
Special Instructions (if any):

Parent Authorization

Merritt Academy has my permission to administer the medication above.

(Parent's Signature) **(Printed Name)** **(Date)**

This medication is effective from: ________________ (first day administered) and until ________________ or ☐ August 18, 2021 (last day of 2020-21 program)

Authorization may not exceed the last day of the 2020-21program.

(Note: If this authorization exceeds 10 working days, your child's physician must provide additional authorization)

Physician Authorization (only if longer than 10 days)

I certify that, in my opinion, it is medically necessary that the medication and dosage described above be administered to the child listed above during the hours of operation at Merritt Academy.

(Physician's Signature) **(Printed Name)** **(Date)**

This medication is effective from: ________________ (first day administered) and until ________________ or ☐ August 18 2021

Authorization may not exceed the last day of the 2020-21 program.

FOR MERRITT ACADEMY OFFICE USE ONLY

Date Received: _____________ Office Approval: ___________ Medication Expiration Date: ___________

Refill Date: _____________ Office Approval: ___________ Medication Expiration Date: ___________