## WILLIAMSBURG SCHOOL DISTRICT ASTHMA INHALERS/EMERGENCY MEDICATION SELF ADMINISTRATION FORM

Student name	Grade	Date					
To self medicate, the student n	nust be able to: (check all the	hat apply)					
1. Respond to and	visually recognize his/her na	ame					
2. Identify his/her r	nedication.						
3. Demonstrate pro	Demonstrate proper technique for self-administering his/her medication.						
4. Sign his/her med	her medication sheet to acknowledge having taken the medication.						
5. Demonstrate a comedication.	ooperative attitude in all asp	pects of self-administration of the					
Name of medication	Dosage	Frequency					
	<u> </u>	self-administer the physician-prescribed, as indicated by the criteria listed					
Date	Signature of School Nurse						
employees of any responsibility when it is physician-prescribed school bears no responsibility improper use/sharing of the abmedication and loss of privileg	ty for the benefits or consequently and parent/guardian authors for ensuring that the medical cover named medication will ge to self-administer if the madministration policy cover	ve Williamsburg School District and its uences of the above listed medication rized. I further acknowledge that the ation is taken. I am aware that nay result in immediate confiscation of the nedication policy is violated. I am also is only asthma inhalers and emergency					
Date	F	Parent/Guardian Signature					
	as Williamsburg School Dis	follow the directions for its use as trict's medication policy. I am aware on of my medication.					
Date		Student's signature					