School Clinic
2200 Larkspur Trace
Westerville, OH 43081
(614) 555-0152
larkspurms.example

Larkspur Middle School

Authorization for a Student to Carry and Use an Asthma Inhaler, 2026-2027

A new form is needed for each school year. Return it to the school clinic or fax it to (614) 555-0140.

STUDENT		
STUDENT NAME Nora E. Adeyemi	DATE OF BIRTH 09/21/2014	GRADE 7
STUDENT ID 3204417	KNOWN ALLERGIES Amoxicillin	

PRESCRIBER'S ORDER		
MEDICATION Albuterol HFA 90 mcg per puff, with spacer	DOSE 2 puffs	WHEN 15 minutes before exercise; every 4 to 6 hours as needed for cough or wheeze
START DATE 08/20/2026	END DATE 05/28/2027	STUDENT MAY CARRY AND SELF-ADMINISTER YES
IF NO BETTER AFTER TWO DOSES Call parent. Call 911 if in distress	PRESCRIBER Imani Fairweather, MD	PRESCRIBER SIGNATURE AND DATE I. Fairweather MD 08/20/2026

PARENT OR GUARDIAN		
NAME Leah Brandvold	DAYTIME PHONE (614) 555-0137	BACKUP INHALER KEPT IN THE CLINIC None provided
SIGNATURE AND DATE Leah Brandvold 08/20/2026		

For clinic use: received 08/24/2026, Y. Trevino RN.