



Consent Form to Self Administer Asthma Medication



(not needed if current form is already on file with school)

Parent Consent

I, _____, do hereby give my son/daughter, _____,
Permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.

Signature of Parent or Guardian

Date

Physician Consent

As a patient under my care, _____, is prescribed to self-administer the following asthma medication.

Medication _____

Purpose _____

Dosage _____

Time/Special Circumstances _____

Signature of Physician

Date