



HEALTH SERVICES

**SELF POSSESSION OF AN ASTHMA INHALER BY A STUDENT**

Tennessee Code Annotated, Section 49-5-415 has been amended to allow an asthmatic student to possess and use a prescribed, metered dose asthma-reliever inhaler when at school, at a school sponsored activity, or before or after normal school activities while on school properties, including school-sponsored child care or after-school programs.

The student's parent(s) or guardian must provide the school with a completed **Physician Form for Administration of Medication & Self-Medication Administration**. The form should include:

- The name and purposed of the medication
- The prescribed dosage, the time or times the prescribed inhaler is to be regularly administered as well as any additional special circumstances under which the inhaler is to be administered
- The length of time for which the inhaler is prescribed
- Notation that the student has been properly instructed in self-administration of the prescribed metered dose inhaler. (Authorization of self possession indicates student has been properly trained.)

The completed Physician form must be kept on file in the office of the school nurse or school administrator. The school may suspend or revoke the student's possession and self administration privileges if the student misuses the inhaler or makes the inhaler available for usage by any other person.

The school shall inform the student's parent or guardian that the school and its employees and agents shall incur no liability as a result of any injury sustained by the student or any other person from possession or self-administration of the inhaler.

The student's parent or guardian must sign a statement acknowledging that the school shall incur no liability and the parent or guardian shall indemnify and hold harmless the school and its employees against any claims relating to the possession or self-administration of the inhaler. Nothing in this subsection shall be construed to relieve liability of the school or its employees for negligence.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

I, the parent/guardian of the above named student, acknowledge that the school and its employees and agents shall incur no liability as a result of any injury sustained by the student or any other person from possession or self-administration of the inhaler.

My child has received the appropriate training and agrees to follow the guidelines for administration and carrying on person a metered dose inhaler.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

NOTE: Parents may be provided a copy of this document.