



Frederick County Public Schools / Frederick County
Health Department Nebulizer Authorization Form
Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

FCPS Form 400-68F.8
[Regulation 400-68](#)
March 2023

Clear Form

This order is valid only for the current school year: _____ (including summer session)

OR

Start Date: _____ to Stop Date: _____

This treatment authorization form must be completed fully in order for staff to administer required treatment. A new form must be completed at the beginning of each school year.

- Carefully review the reverse side of this form before completion.

Name: _____ Date of Birth: _____ Grade: _____

Health Care Provider Authorization

Allergies: _____

Condition for which treatment is being administered: _____

Type:	Dose:	Route:
Name of Medication _____		Inhalation

Administer Treatment:

For symptoms such as: coughing, audible wheezing, complaint of tightness in chest, complaint of shortness of breath, and/or other: _____

At parent/guardian's discretion

Time of Administration: _____ If PRN, frequency: _____

Additional instructions: _____

<input type="checkbox"/> Student is competent to self-administer treatment Health Care Provider's Name/Title: _____ Telephone: _____ Fax: _____ Address: _____	Health Care Provider Stamp
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Health Care Provider's Signature: _____ Date: _____

Parent/Guardian Authorization

I request designated personnel to administer the medication as prescribed by the health care provider above. I certify for that I have legal authority to consent to the administration of medication at school and understand that the health care provider will be contacted if questions arise regarding the student's medication order or the medical condition which the order is prescribed.

Primary Contact Phone: _____ 2nd Phone: _____

Parent/Guardian Signature: _____ Date: _____

Registered Nurse (RN) Review/Authorization

<input type="checkbox"/> Student is competent to self-administer treatment
RN Signature: _____ Date: _____

IMPORTANT INFORMATION
For Parents/Guardians and Health Care Providers

1. Please give your child any needed treatment at home if at all possible.
2. It is recommended that the first full day's (24 hours) treatment be given at home. If unsure, follow the recommendation of the health care provider about attending school during the first 24 hours.
3. Medication:
 - a. Prescription medication(s) must be in a container labeled by the pharmacist with the student's name, prescriber's name, name of medication, dosage, route, directions for administration, conditions for storage, prescription date and expiration date. *Maryland law allows prescription medication to be used only for 1 year beyond date of issue or expiration date indicated on the medication—whichever comes first.*
4. In the event the student requires the treatment during a field trip:
 - a. The nebulizer must be battery operated, **or**
 - b. An alternate prescribed medication (i.e. inhaler) may be substituted. This alternate medication will require a *Medication Authorization* form.
5. Parent/guardian responsibilities:
 - a. Provide and maintain all equipment and supplies for the duration of the treatment order.
 - b. Provide a new medication prior to the expiration date on the pharmacy label.
 - c. Bring the medication to school. FCPS regulation 400-23 states that students are not permitted to transport medications, unless authorized to self-carry.
 - d. Retrieve any unused or discontinued medication(s). No medications will be sent home with students.
6. The parent/guardian or student may demonstrate how to administer the treatment to the staff person who will monitor or administer the treatment and provide information regarding potential adverse effects.
7. Student Self-Administer:
 - a. The health care provider and registered nurse must indicate whether the student is competent to self-administer, if needed.
 - b. If competent to self-administer, the registered nurse will work with the student and parent/guardian to develop a *Plan for Medication/Treatment Management Outside the Health Room*.
8. The registered nurse must review and approve this form prior to administration.