PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS
Department of Health Services

Physician's Authorization For Medication By Inhaler/Mechanical Device

ONE MEDICATION PER FORM

FOR COMPLETION BY PARENT(S)/GUARDIAN(S)

Full Name of Student______________________ School Year______________

Name of School______________________ Grade______________

- I understand that I must supply the school with the equipment/supplies needed to administer the medication.
- I understand that all medications must be labeled with the name of the medication, name of the student, name of the physician, date, and directions for administration. Prescription medication must be labeled by a registered pharmacist.
- I hereby authorize the medication described below to be administered as directed by my child's physician.
- I understand that the physician will be called if a question arises about my child's medication.
- 911 will be called immediately if there is a problem.

______________________ Signature of Parent/Guardian

______________________ Date

FOR COMPLETION BY PHYSICIAN

1. Name of medication______________________ Strength______________
2. Reason for medication______________________
   (Describe symptoms: Wheezing ☐, Coughing ☐, Other ☐, Peak flow reading ☐)
3. Type of device______________________
4. Specific directions for use______________________
   ____

   Is the student capable of self-administering the medication by device? ☐ Yes ☐ No

   Should student carry medication and device with him/her? ☐ Yes ☐ No
5. Dosage of medication______________________
   (number of puffs)
6. Time of day medication is to be given______________________
   (be specific with time and/or frequency)
7. Date medication began______________ Date medication discontinued______________
8. Side effects______________________

______________________ Physician's Signature (Original signature/NO stamps)

______________________ Date

______________________ Physician's Printed Name

______________________ Physician's Address

______________________ Physician's Telephone Number

______________________ Physician's Address

Reviewed by Health Services Staff______________________
Name/Date

Prince George's County Public Schools • 14201 School Lane • Upper Marlboro, MD 20772 • www.pgcps.org