

SELF-ADMINISTERED MEDICATION  
ASTHMA INHALERS/EPIPENS

**SYLVANIA SCHOOLS**

**4747 N. Hollad-Sylvania Rd  
 Sylvania, Ohio 43560**

Valid for School Year: \_\_\_\_\_

In accordance with HB 121, students are permitted to carry Asthma Inhalers on their persons at all times. Due to the severity and speedy reaction of anaphylactic shock, this provision may also apply to EpiPens, the parent must assure the school the student will carry this with them at **ALL** times. We recommend purchasing a small fanny pack, and ensuring your child is aware they must always wear it.

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**HB 121 Requires Physicians to provide information which includes the name of the drug, possible side effects/reactions and phone number to contact the Physician in the event of an emergency.**

**To be completed by Physician:**

\_\_\_\_\_ has been instructed in proper use of an \_\_\_\_\_ Asthma Inhaler  
 Name of Student \_\_\_\_\_ EpiPen

and is able to perform self-administration as necessary.

\_\_\_\_\_  
 Name of Medication

\_\_\_\_\_  
 Possible reactions/side effects

\_\_\_\_\_  
 Physician's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Physician phone number

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I give permission for my child, \_\_\_\_\_, to self-administer an

\_\_\_\_\_ Asthma Inhaler

\_\_\_\_\_ EpiPen

It is my sole responsibility to ensure the medication is in my child's possession, and is the correct dosage and valid date. My child is aware that this medication is not to be shared with another person under any circumstances.

\_\_\_\_\_  
 Parent's Signature

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