

Consent for Administration of Stock Albuterol

Albuterol Sulfate Inhalation Solution, 0.083%

I allow the designated school personnel to assist my child in the administration of emergency stock albuterol in the event that my child is experiencing an asthma episode or is displaying asthmatic symptoms. I understand that this medication is not to be used as a replacement for bringing my child's prescribed asthma medications to school. This medication will only be administered to my child who has been diagnosed with asthma and is under the care of a licensed physician. I understand that Van Alstyne ISD and its employees and agents (including the authorized licensed prescriber providing the standing protocol or prescription of the stock bronchodilator) are to incur no liability, except for gross negligence, as a result of injury arising from the administration of stock bronchodilators. I understand that if acute respiratory distress is not resolved by Albuterol treatment, 911 may be called at the discretion of the school nurse or designated school personnel.

Parent/Guardian Signature _____ Date _____