

Consent Form to Self Administer Asthma Medication



(not needed if current form is already on file with school)

Parent Consent

I,, do hereby give my son/daughter,, Permission to self-administer his/her asthma medication as prescribed by his/her physician during athletic competition.	
Signature of Parent or Guardian	 Date
Physician Consent As a patient under my care,	, is prescribed to self-administer the following asthma medication.
MedicationPurpose	
Dosage Time/Special Circumstances	
Signature of Physician	Date