

ASTHMA INHALERS/ANAPHYLAXIS MEDICATION- PHYSICIAN STATEMENT

DATE: _____

FOR LORENA I.S.D. RECORDS

_____ IS UNDER MY CARE FOR
ASTHMA/ALLERGY AND SHOULD BE ALLOWED TO CARRY WITH HIM / HER AT
ALL TIMES THE MEDICATIONS NAMED BELOW:

INHALER:

EPI-PEN JR. 0.15 MG

EPI-PEN 0.3 MG

THIS STUDENT IS CAPABLE OF SELF ADMINISTERING _____ SPRAYS UP
TO EVERY _____ TO _____ HOURS AS NEEDED FOR WHEEZING OR
TIGHTNESS IN CHEST, OR 1 INJECTION PRN ANAPHYLACTIC REACTION, OR
(OTHER)_____.

(PHYSICIAN'S SIGNATURE)

(PARENT'S SIGNATURE)