

Medication Administration Nebulizer Treatments or Inhaled Medications

Parent or Guardian Permission Form

The Parent/Guardian of _____ ask that Miramont Lifestyle Fitness give the following medication: _____ at (time): _____ to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

****Miramont Lifestyle Fitness agrees to administer medication prescribed by a license health care provider.**

****It is the parent's responsibility to furnish the medication and equipment and to keep daily emergency contact information up to date.**

By signing this document, I give permission for my child's health care provider/clinic to share necessary information regarding the care of my child's health condition with Program staff.

Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature

Date

Home Phone

Work Phone

Health Care Provider Authorization

Child's Name: _____ Birthdate: _____

Name of Inhaled Medication: _____

Dosage: _____

To be given in child care at the following time(s): _____

Note to Health Care Provider: Specific time and/or interval must be indicated on this form in order for non-medical persons in child care to administer medication

Start Date: _____ End Date: _____

Usual (Baseline) Respiratory Rate for this Child: _____

Comments: _____

Seek Emergency Medical Care if the Child has any of the Following:

****Respiratory rate greater than _____**

****Coughs constantly**

****Hard time breathing with:**

-Chest and neck pulled in with each breath

-Struggling or gasping for breath

****Trouble walking or talking**

****Lips or fingernails are gray or blue**

****Other _____**

Signature of Health Care Provider with Prescriptive Authority

Date

Phone Number