

Creative Minds Child Development Center
Additional Physician's Report for Inhaled Medication to be Administered at School

Dear Physician,

Please complete this form or substitute your own letter with ALL of the same information included. State licensing requires us to have all of this information on file before administering medication through an inhaler or nebulizer at school. If the child has both an inhaler and a nebulizer to use at school, please fill this out separately for each one. Thank you! —Creative Minds Staff

Child's Name: _____ Date of Birth: _____

Condition/diagnosis: _____

This is to certify that the patient named above is under my medical care for the stated condition. The patient may require medication during the school day to help manage this condition. This medication can be safely administered by non-medical personnel.

Physician's name: _____

Physician's telephone number: _____

Physician's address: _____

Physician's signature: _____

Medication name: _____ Dosage: _____

Form of administration (inhaler, nebulizer, etc.): _____

Specific indications or symptoms that medication may be needed: _____

Potential side effects: _____

Expected response to the medication: _____

Actions to be taken in case of side effects or incomplete treatment response: _____

Instructions for proper storage of the medication: _____

Additional comments, instructions, or necessary information: _____

Please attach a copy of the prescription.