



SKAGGS CATHOLIC CENTER, LLC

300 East 11800 South, Draper, UT 84020

Juan Diego Catholic High School 801-984-7650-O, 801-984-7601-F

Saint John the Baptist Middle School 801-984-7614-O, 1-801-984-7649-F

Saint John the Baptist Elementary School 801-984-7108-O, 801-984-7122-F

Guardian Angel Daycare 801-984-7135-O, 801-984-7122-F



Utah Department of Health/Utah State Office of Education ASTHMA SELF-ADMINISTRATION FORM

In accordance with Utah Code 53A-11-602

Student Name	Birth Date	Grade
Address	City	State Zip

HEALTH CARE PROVIDER AUTHORIZATION

The above named student is under my care. I feel it is medically appropriate for the student to self-administer inhaled asthma medication and be in possession of inhaled asthma medication at all times. The medication prescribed for this student is:

Name of Medication _____

Dosage _____

Possible Side Effects _____

Signature of Health Care Provider Date

PARENT/GUARDIAN AUTHORIZATION

- I authorize my child _____ to carry and self-administer the medications describe above consistent with Utah Code 53A-11-602.
- I do not authorize my child to carry and self-administer this medication. Please keep my child's medication with appropriate school personnel.
- My child and I understand there are serious consequences for sharing any medications with others.

Signature of Parent/Guardian/Date

Emergency Contact Information:

Name: _____

Phone: _____

Date: _____



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