



Christ Presbyterian Preschool

A Ministry of Christ Presbyterian Church, Fairfax

Growing children ages 2-5 for over 25 years

12410 Lee Jackson Memorial Hwy, Fairfax, VA 22033

703-691-9120 www.cpp.cpcfairfax.org

EMERGENCY RESCUE INHALER AUTHORIZATION FORM

Note: If you have filled out this form already AND the prescription is up to date, you do not need to fill this out again.

Part I: Parent or Guardian to complete

I hereby authorize Christ Presbyterian Preschool (CPP) personnel to administer an emergency rescue inhaler as directed by the physician (Part II). I agree to release, indemnify, and hold harmless CPP and any of their officers, staff members or agents from lawsuit, claim, expense, demand or action against them for administering the rescue inhaler, provided they follow the physician order as written in Part II below. I am aware that the rescue inhaler may be administered by an EMAT trained non-health professional.

Student name _____ Date of Birth _____

Parent or Guardian signature _____ Date _____

Emergency phone #1 _____ Emergency Phone #2 _____

If the above parent cannot be reached, we will call the following in the order listed:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Part II: Physician to complete

EMAT Trained non-health professionals administer an emergency rescue inhaler at CPP. For this reason, only premeasured inhalations or puffs may be administered. It should be noted that these staff members are not trained observers. They cannot observe for the development of symptoms before administering the inhaler.

The following are signs and symptoms to look for:

If any of the above symptoms appear, the following will be given

Rescue Inhaler-- the premeasured dose by inhalation or puffs will be given.

Physician name printed _____ Physician signature _____ Phone _____ Date _____

If Rescue Inhaler is administered, Parents or guardians will be contacted immediately.