NEBULIZER CARE CONSENT/VERIFICATION CHILD CARE FACILITIES

This form may be used to show compliance with Health and Safety Code Section 1596.798 before a child care licensee or staff person administers inhaled medication to a child in care. A copy of the completed form should be filed in the child's record and in the personnel file. A separate form must be filled out for each person who administers inhaled medication to the child.

	give my consent for	
(PRINT NAME OF AUTHORIZED REPRESENTATIVE)	, give my consent for	SON)
who work(s) at		
(P	PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)	
o administer inhaled medication to my child, provider.	, and to contact my child's (PRINT NAME OF CHILD)	health care
n addition, I certify that I have personally instruct medication to my child.	ted the above-named licensee or staff person on how to adminis	ster inhaled
	ritten instructions from my child's physician, or from a health ca sician (for example, a physician's assistant, nurse practitioner of	
Specific indications (such as symptoms) for prescription.	r administering the inhaled medication in accordance with the	physician's
Potential side effects and expected response	e.	
Dose form and amount to be administered in	n accordance with the physician's prescription.	
Actions to be taken in the event of side effective prescription. This includes actions to be taken	ects or incomplete treatment response in accordance with the en in an emergency.	physician's
Instructions for proper storage of the medica	ation.	
The telephone number and address of the c	hild's physician.	
IGNATURE OF AUTHORIZED REPRESENTATIVE	DATE	
DDRESS OF AUTHORIZED REPRESENTATIVE		
OME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	