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)	
rho work(s) at(PRI	
(PRI	NT NAME AND ADDRESS OF CHILD CARE FACILITY)
administer inhaled medication to my child, rovider.	, and to contact my child's health care (PRINT NAME OF CHILD)
an addition, I certify that I have personally instructed nedication to my child.	d the above-named licensee or staff person on how to administer inhaled
	ten instructions from my child's physician, or from a health care provider ian (for example, a physician's assistant, nurse practitioner or registered
Specific indications (such as symptoms) for a prescription.	administering the inhaled medication in accordance with the physician's
Potential side effects and expected response.	
Dose form and amount to be administered in a	accordance with the physician's prescription.
Actions to be taken in the event of side effect prescription. This includes actions to be taken	cts or incomplete treatment response in accordance with the physician's in an emergency.
Instructions for proper storage of the medication	on.
The telephone number and address of the chi	ld's physician.
NATURE OF AUTHORIZED REPRESENTATIVE	DATE
DRESS OF AUTHORIZED REPRESENTATIVE	•
ME TELEPHONE NUMBER	WORK TELEPHONE NUMBER

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