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.

ı	give my cons	ent for
(PRINT NAME OF AUTHORIZED REPRESE	ENTATIVE)	ent for, (PRINT NAME OF LICENSEE OR STAFF PERSON)
who work(s) at		,
	(PRINT NAME AND ADDRE	ESS OF CHILD CARE FACILITY)
to administer inhaled medication to my provider.	child,(PRINT NAME O	, and to contact my child's health care
In addition, I certify that I have persona medication to my child.	ally instructed the above-nam	ned licensee or staff person on how to administer inhaled
		from my child's physician, or from a health care provider e, a physician's assistant, nurse practitioner or registered
 Specific indications (such as symprescription. 	nptoms) for administering the	e inhaled medication in accordance with the physician's
Potential side effects and expecte	ed response.	
Dose form and amount to be adm	inistered in accordance with	the physician's prescription.
Actions to be taken in the event prescription. This includes action	•	e treatment response in accordance with the physician's cy.
Instructions for proper storage of	the medication.	
The telephone number and addre	ess of the child's physician.	
SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE
ADDRESS OF AUTHORIZED REPRESENTATIVE		
LIOME TELEDIJONE NI IMPED	lwor	DV TELEDHONE NI IMPED
HOME TELEPHONE NUMBER	WOF	RK TELEPHONE NUMBER