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.		
I ai	ve my consent for	
(PRINT NAME OF AUTHORIZED REPRESENTATIVE)	ve my consent for, (PRINT NAME OF LICENSEE OR STAFF PERSON)	
who work(s) at	.,	
(PRINT NAME AND ADDRESS OF CHILD CARE FACILITY)		
to administer inhaled medication to my child,	, and to contact my child's health care (PRINT NAME OF CHILD)	
provider.	(PRINT NAME OF CRILD)	
In addition, I satisfy that I have personally instructed the above named licenses or staff person on how to administer inhaled		
In addition, I certify that I have personally instructed the above-named licensee or staff person on how to administer inhaled medication to my child.		
medication to my child.		
I have also provided the child care facility with written instructions from my child's physician, or from a health care provider		
working under the supervision of my child's physician (for example, a physician's assistant, nurse practitioner or registered		
nurse). These instructions include:		
 Specific indications (such as symptoms) for administering the inhaled medication in accordance with the physician's 		
prescription.		

Actions to be taken in the event of side effects or incomplete treatment response in accordance with the physician's

Dose form and amount to be administered in accordance with the physician's prescription.

prescription. This includes actions to be taken in an emergency.

Instructions for proper storage of the medication.

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Potential side effects and expected response.

• The telephone number and address of the child's physician.

SIGNATURE OF AUTHORIZED REPRESENTATIVE		DATE	
ADDRESS OF AUTHORIZED REPRESENTATIVE			
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER		