## 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,(PRINT NAM	E OF AUTHORIZED REPRESENTATIVE)	give my consent for, (PRINT NAME OF LICENSEE OR STAFF PERSON)
who work(s) at	(PRINT I	NAME AND ADDRESS OF CHILD CARE FACILITY)
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to administer inhaled medication to my child,\_\_\_\_\_\_, and to contact my child's health care provider. (PRINT NAME OF CHILD)

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.

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.
- Potential side effects and expected response.
- Dose form and amount to be administered 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 prescription. This includes actions to be taken in an emergency.
- Instructions for proper storage of the medication.
- The telephone number and address of the child's physician.

SIGNATURE OF AUTHORIZED REPRESENTATIVE		
WORK TELEPHONE NUMBER		
	WORK TELEPHONE NUMBER	