



DC School Asthma Health Program
AUTHORIZATION FOR MEDICATION Delivery and Refills

NAME OF STUDENT: _____ DOB: _____

SCHOOL: _____ SCHOOL ADDRESS: _____

PARENT/GUARDIAN CONSENT FORM

Parent/Guardian: Please complete and sign this action.

I hereby request and authorize the School Nurse/Licensed Practical Nurse/Trained Certified DCPS Personnel to administer prescribed medication as directed by the physician on the DC DOH School Health Program AUTHORIZATION FOR MEDICATION ADMINISTRATION FORM or DC DOH ASTHMA ACTION PLAN to

STUDENT'S NAME

I authorize the pharmacy to deliver medication directly to my child's school nurse either by the Children's School Services courier or overnight mail. I understand that prescriptions will be delivered to school next day except on Fridays in which case they will be delivered on Tuesday of the following week.

If the prescription includes refills, I authorize my child's school nurse to contact the pharmacy to request refills, on asthma-related medications, to be delivered directly to the school.

SIGNATURE OF PARENT/GUARDIAN

RELATIONSHIP

PLEASE PRINT NAME

DATE



Children's National

Would you like Walgreens to send your child's asthma inhalers via FedEx to your home, too?

IF YES, what is the best phone number(s) to arrange home delivery?

Phone number #1: (_ _ _) _ _ _ - _ _ _ _ Phone number #2: (_ _ _) _ _ _ - _ _ _ _

Do you want to be contacted in Spanish? I prefer Spanish

I prefer English

CHILDREN'S HOSPITAL

Department of Pediatrics
111 Michigan Avenue, NW
Washington, DC 20010
(202) 476-5000

CLINICAL RESEARCH STUDY INFORMATION SHEET

TITLE OF STUDY: Albuterol Direct to Schools Program

PRINCIPAL INVESTIGATOR: Linda Fu, MD, MS, Associate Professor of Pediatrics,
Department of Pediatrics

INTRODUCTION: We are conducting a research project as described below. You qualify to participate because your asthmatic child attends a public school or public charter school in the District of Columbia, and you have chosen to have your child's asthma medication delivered to school using Walgreen's FedEx courier service.

PROJECT: We will track which of your child's asthma medications, spacers and forms are delivered to school by the courier. We will be reviewing medical records of patients who use the courier service to see if there is any connection between use of the courier service and frequency and severity of asthma symptoms. This project may help us decide whether using a courier service to deliver asthma medications to school is helpful for reducing children's asthma symptoms.

RISKS/CONFIDENTIALITY: Researchers do not expect any risks from your participation in this study. There is always a potential for a breach of confidentiality. Only the people working on the study will know your child's name. Researchers will take the necessary steps to prevent this risk from happening by keeping the records of this study confidential.

VOLUNTARY PARTICIPATION: Your decision to participate or not participate in this research will not affect your current or future care at Children's National.

QUESTIONS: If you have any questions, please call the Principal Investigator, Linda Fu, MD, MS, at: 202-476-3931.

IRB Protocol No.: { }
Date: {Insert Current Date}
Page 1 of 1