

## INHALANT MEDICATION AUTHORIZATION

I, \_\_\_\_\_, hereby authorize the staff listed below to administer medication via inhaler as indicated by the medical orders, if needed, to my child \_\_\_\_\_.

I understand that the staff below have received training at FCCNS to administer medication via inhaler:

1. Lynn Armstrong
2. Laura Baum
3. Kristin Desautelle
4. Pamela Ferguson
5. Carol Fitzsimmons
6. Patty Giesen
7. Krista Guarini, Director (Full Time)
8. Kathy Hardy
9. Betsy Hendrickson
10. Monica Jeffers
11. Lorraine Keleghan
12. Laurie Lane
13. Colleen Lyons
14. Kate Mastellone
15. Megan McCarthy
16. Barbara Napoli
17. Jackie Pellenberg
18. Lisa Schofield
19. Suzy Seymour
20. Annie Slaughter
21. Sue Trager
22. Heather Walsh
23. Kathy Walsh, RN
24. Angeli Picache
25. Patrizia DalleMule
26. Patty Young

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date