

**SOUTH EASTERN SCHOOL DISTRICT  
Student Contract for Carrying Inhaler Medication on Person**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Medication \_\_\_\_\_ Date \_\_\_\_\_

I agree to:

- \*Follow the medication orders given to me by my health care provider.
- \*Follow the instructions of my healthcare practitioner on proper safety precautions for handling/disposing of medications and equipment.
- \*Use my medication and medicine devices correctly when giving myself medicine.
- \*Not allow anyone else to use my medication.
- \*Notify the school nurse or health aide immediately after each use of an asthma inhaler and if the following occurs:
  - My symptoms continue or get worse after taking the medication.
  - My symptoms return within 2-3 hours after taking the medication.
  - I think I might be having side effects from my medication.
- \*Keep my medication with me in school, during after school activities, when being transported to and from school, and when going on field trips.
- \*Ask my parents to provide a second inhaler at school so that it can be used in case I forget mine.

I understand that permission for self-administration of medication may be taken away and the medication confiscated if I am unable to follow the safeguards listed above.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

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I request that the school comply with the instructions of my child’s healthcare practitioner and give permission for my child \_\_\_\_\_ to carry the prescribed inhaler. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child’s condition. I do release, discharge and agree to indemnify and hold harmless the South Eastern School District, its agents, and employees from any and all responsibility, liability, loss, and claim of whatsoever nature resulting from use or non-use of an inhaler and from any and all illness or injuries resulting therefrom.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

- .....
- On assessing this student, I find he/she is able to:
- \_\_\_ Verbalize the correct dose of medicine.
  - \_\_\_ Identify signs and symptoms of an asthma episode.
  - \_\_\_ Demonstrate proper technique for use of medication.
  - \_\_\_ State the safe use of the inhaler (e.g., inhaler not shared, used only as indicated, etc.).

The student has demonstrated knowledge about and proper use of his/her inhaler.

Signature of School Nurse \_\_\_\_\_ Date \_\_\_\_\_