

STUDENT/PARENT/SCHOOL NURSE/HEALTHCARE PROVIDER CONTRACT for QUICK RELIEF INHALER

Permission to carry inhaler

1. Student has demonstrated to the healthcare provider correct use of inhaler and self assessment.
2. Student has demonstrated correct use of inhaler and discussed asthma symptoms with the school nurse.
3. Student agrees to never share the inhaler with another person.
4. Student agrees that after two puffs, he/she will go to see the nurse immediately for assessment.
5. There is a personal best peak flow reading on file in the health room.

Student Signature _____

I give permission for my child _____
To carry the quick relief inhaler described below. 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 accept full responsibility for his/her actions.

Name of medication	Dose	Instructions for use
_____	_____	_____
_____	_____	_____

Parent/guardian signature: _____

Date: _____

Healthcare provider signature: _____

Date: _____

STUDENT ASTHMA INFORMATION: