

PERMISSION TO CARRY ASTHMA MEDICINE TO SCHOOL CONTRACT.

Please complete and return if you would like your child to carry their asthma medication to school.

After completing the form, please return to the school clinic.

STUDENT:

I agree to use my asthma inhaler, _____ (medication name) to be used responsibly for my own personal use as directed by my health care provider. I have been instructed in the use of this medicine and will follow my health care provider's directions. I will not share my medicine with any other person. I will tell my teacher if my inhaled medicine does not make my asthma symptoms better. I will tell my teacher when I have taken my medicine. I understand that if I do not follow this agreement, I will lose the privilege of being able to carry my medicine with me. Therefore, I realize that I am responsible for carrying out this contract.

Student Signature

Date

PARENT:

I agree that _____ (student's name) has been instructed on when and how to appropriately use their asthma medication and is able to do so at school. I believe my child is responsible to self-medicate at school. I understand a label must be placed on the medication that includes the student's name and a copy of the current dosage and prescription.

Parent Signature

Date

PHYSICIAN:

I agree that _____ (patient's name) has been instructed on when and how to appropriately use their asthma medication and is able to do so at school.

The following are the areas in which the child has been instructed for self-medication:

_____ spacer use

_____ waiting between puffs

_____ storage of medicine

_____ peak flow monitoring

Physician Signature

Date