

Asthma Self Carry Contract

School: _____ **Grade:** _____

STUDENT : _____ **DOB:** _____

- I plan to keep my rescue inhaler with me at school rather than in the school health office.
- I agree to use my rescue inhaler in a responsible manner, in accordance with my physician's orders.
- I will notify the school health office if I am having more difficulty than usual with my asthma.
- I will not allow any other person to use my inhaler.

Student's Signature _____ Date _____

PARENT/GUARDIAN: _____

This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and the date is current.
- It has been recommended to me that a back-up rescue inhaler be provided to the Health Office for emergencies.
- I will review the status of the student's asthma with the student on a regular basis as agreed in the health care plan.
- I will provide the school a Health Care Provider signed medication authorization for this medication.

Parent's Signature _____ Date _____

Nurse Consultant _____ **School** _____

- The above student has demonstrated correct technique for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pretreatment with an inhaler prior to exercise.
- School staff that have the need to know about the student's condition and the need to carry medication have been notified.
- I will review the medication authorization provided by the parent and signed by the health care provider.

Nurse Consultant's Signature _____ Date _____

School Administrator's Signature: _____ Date: _____

Teacher's Signature: _____ Date: _____

Health Assistant Signature: _____ Date: _____

STUDENT: _____ **DOB:** _____

- I plan to keep my rescue inhaler with me at school rather than in the school health office.
- I agree to use my rescue inhaler in a responsible manner, in accordance with my physician's orders.
- I will notify the school health office if I am having more difficulty than usual with my asthma.
- I will not allow any other person to use my inhaler.

Student's Signature _____ Date _____

PARENT/GUARDIAN

Este contrato estará en efecto el presente año escolar a menos que el doctor del estudiante lo revoque o que el estudiante falle en cumplir las contingencias propuestas en el párrafo anterior.

- Estoy de acuerdo en ver que mi niño/a lleve la medicación prescrita, que el dispositivo contenga medicina, y que este al día.
- Se me ha recomendado que un inhalador de emergencia sea provisto al Oficial de Salud para casos de emergencia.
- Yo revisaré el estado del asma del estudiante regularmente como fue aceptado en el plan de salud.
- Yo le proveeré a la escuela la autorización firmada por el proveedor de salud autorizando el uso de la medicación.

Firma del padre _____ Fecha _____

Health Office Staff

- The above student has demonstrated correct technique for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pretreatment with an inhaler prior to exercise.
- School staff that have the need to know about the student's condition and the need to carry medication have been notified.
- I will review the medication authorization provided by the parent and signed by the health care provider.

Nurse Consultant's Signature _____ Date _____

School Administrator's Signature: _____ Date: _____

Teacher's Signature: _____ Date: _____

Health Assistant: _____ Date: _____