

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: