Self-Administration of Asthma Inhaler

Student Agreement

I agree to:

- Follow my physician’s/licensed prescriber’s medication orders.
- Be knowledgeable of prescribed medicines proper use and side effects.
- Not allow anyone else to use my medication.
- Keep a supply of my medication with me, in a safe place that is not accessible to other students.
- All children in grades K – 6 must notify the school nurse immediately following each use of an inhaler, and sign off such self-administration on the medication record.
- Notify the school nurse or health office personnel immediately if the following occur.
  - My symptoms continue or get worse after taking the medication
  - My symptoms reoccur within 2-3 hours after taking the medication
  - I suspect that I am experiencing side effects from my medication
  - Other__________________________________________________

- I understand that permission for possession and self-administration of my medication may be suspended if I am unable to maintain the criteria listed above.

Signature of Student                                     Date

I have read the above student agreement.

Signature of Parent/Guardian                             Date

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

Signature of School Nurse                                Date