

Contract / Procedure For Self-Administration of Inhaler

STUDENT: _____ BIRTHDATE: _____

PHYSICIAN: _____ PHYSICIAN TELEPHONE: _____

NAME OF MEDICATION: _____

DOSAGE: _____ TIME: _____

Medication must be dispensed following the County's Medication Policy. The inhaler must be labeled with the student's name and dosage.

RESPONSIBILITIES FOR CARRYING RESPIRATORY INHALERS

Yes	No	Asthma information form & medication form returned.
Yes	No	Demonstrates correct use of inhaler
Yes	No	Acknowledges proper timing for inhaler use.
Yes	No	Agrees not to share inhaler with others.
Yes	No	Will keep inhaler with belongings where it is not accessible to other students.
Yes	No	Agrees to come directly to the Office (accompanied by a "buddy") if the student continues to have difficulty with breathing, wheezing, or is experiencing chest tightness after using the inhaler.
Yes	No	Provides a second inhaler to be kept in the school medication cabinet (Required at the elementary, recommended at the secondary.)

The student does / does not demonstrate meeting above specified responsibilities.

The privilege of carrying the inhaler will / will not be allowed.

Student Signature

Date

Nurse's Signature

Date

My child will be responsible for carrying this respiratory inhaler and will self-administer. My child agrees to follow the county's procedures concerning the handling and administration of this medication. The school, the county board of education and its employees and agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self administration of asthma medication by the student and agree to indemnify and hold harmless the school, county board of education and its employees or guardians and agents against any claims arising from the self-administration of asthma medications. **It is the responsibility of the PARENT to ensure the student brings a current inhaler to school each day.**

Parent Name

Parent Signature

Date