

**CONTRACT FOR STUDENTS CARRYING RESCUE
INHALER WHILE AT SCHOOL**

Student Name _____ Grade" _____

Date of Birth: _____ Name of Medication: _____

If more than one dose is ordered, length of time between dosages of meds to be self-administered: _____

Special instructions/side effects: _____

PHYSICIAN

Physician:

- ◆ This student has demonstrated the proper use of his/her rescue inhaler.
- ◆ I have instructed the student in the correct and responsible use of the medication.
- ◆ I confirm that the student is capable of administering the prescribed medications.

Physician Signature _____ Date _____

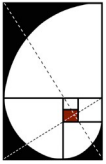
Office Phone: _____

PARENT / GUARDIAN

Parent/Guardian:

- ◆ My child has demonstrated the proper use of his/her rescue inhaler in my presence.
- ◆ My child understands his/her asthma triggers, symptoms and treatment plan including the difference between when to use preventive medications and his/her rescue inhaler. He/She understands the importance of letting parents and school staff know when he/she is have more difficulty than usual with his/her asthma.
- ◆ I give permission for my student to keep his/her rescue inhaler with him/her and to self-administer this medication in the school setting.
- ◆ I agree to bring an extra (back-up) rescue inhaler to be kept in the health room.
- ◆ I agree to be responsible for ensuring that both the rescue inhaler my student carries and the back-up inhaler in the health room have medication in them and not expired.
- ◆ I agree to regularly review with my child the proper use of his/her rescue inhaler to include frequency of use, procedure, and documentation of usage when at school.
- ◆ I agree to regularly review the satus of my child's asthma with him/her and with his/her physician and to notify the physician when my child is having more difficulty than usual.
- ◆ I agree that Thomas MacLaren school , school employee, or school nurse is not liable for damages if there is an act of omission related to my child's use of his/her medication unless the damages were caused by the willful or wanton misconduct or disregard of the criteria of the treatment plan.

Parent Signature _____ Date _____



CONTRACT FOR STUDENTS CARRYING RESCUE INHALER WHILE AT SCHOOL

STUDENT

Student:

- ◆ I agree to use my rescue inhaler as prescribed by my doctor above. I understand my asthma triggers, symptoms, and treatment plan including the difference between when to use any preventive medication and my rescue inhaler.
- ◆ I agree to keep my rescue inhaler with me at school as well as an extra one in the school health room.
- ◆ I agree to go to the health office when possible to use my rescue inhaler and I agree to always go to the health office to let them know I have used it and to document each time I use my inhaler while at school.
- ◆ I agree never to share my rescue inhaler with anyone.
- ◆ I realize it is important for me to let an adult know in the school health office, as well as my parents, know if I am having more difficulty than usual with my asthma and I agree to tell them.
- ◆ I understand that the freedom to manage my rescue inhaler independently is a privilege and I agree to abide by the contract.

Student Signature _____ Date _____

SCHOOL NURSE

School Nurse

- ◆ I agree to notify staff that have the “need to know” about this student’s condition and the need to carry a rescue inhaler.

Nurse signature: _____ Date _____