



Self Administration of Inhaler – Student Agreement

School Year _____

I agree to the following:

- I will follow my prescribing health professional’s medication orders.
- I will not allow anyone other than myself to use my inhaler.
- I will keep my inhaler with me in school and on field trips.

Verbalized understanding: _____ Student Initials: _____ LSN Initials: _____
date

I understand that I am taking on the responsibility to:

- Know my asthma triggers and symptoms, and when and how often to use my inhaler.

Verbalized understanding: _____ Student Initials: _____ LSN Initials: _____
date

- With the assistance of parent/guardian monitor the frequency of use of my inhaler, the doses left and the expiration date.

Verbalized understanding: _____ Student Initials: _____ LSN Initials: _____
date

- Demonstrate proper technique with use of inhaler.

Demonstrated technique: _____ Student Initials: _____ LSN Initials: _____
date

- Notify the licensed school nurse or health office paraprofessional if the following occurs:
 - 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 _____

Verbalized understanding: _____ Student Initials: _____ LSN Initials: _____
date

I understand that permission for self-administration of my inhaler may be suspended if I am unable to continue to demonstrate safe use of my inhaler at school.

I understand that this agreement is valid for the school year _____ and will need to be renewed annually with the licensed school nurse, parent/guardian, my physician and myself in order to continue self-carrying of my inhaler.

It is highly recommended that a back up inhaler be kept in the health office. If a student presents to the health office without an inhaler during an asthma episode, parents will be contacted and requested to immediately bring an inhaler to school; 911 will be called if necessary.

Signature of Student

Date

I have read and agree to the above Student Agreement.

Signature of Parent/Guardian

Date

Signature of Licensed School Nurse

Date