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: _______

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: _______

• 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: _______

• Demonstrate proper technique with use of inhaler.

Demonstrated technique: ___________ Student Initials: _______ LSN Initials: _______

• Notify the licensed school nurse or health office paraprofessional if the following occurs:
  o My symptoms continue or get worse after taking the medication
  o My symptoms reoccur within 2-3 hours after taking the medication
  o I suspect that I am experiencing side effects from my medication
  o Other ________________________________

Verbalized understanding: ___________ Student Initials: _______ LSN Initials: _______

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

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