

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