

**Parkland School District
Student Contract to Carry Asthma Inhaler**

Dear Parent/Guardian:

We are concerned about the safety and well being of the students who have been identified as having asthma. It is important that they have access to the medication necessary for controlling the symptoms of asthma as quickly as possible. Please indicate below how you would like the administration of the inhaler handled at school.

Student Name _____ Grade _____

Name of inhaler medication _____

Time to be taken or frequency of use _____

Dosage _____

Steps to be taken if expected results of medication are not obtained.

After school nurse has verified proper technique my child may carry his/her inhaler and will be responsible for having it with him/her at all times. I understand that necessary school personnel will be informed of my child's authorization to carry his inhaler. If my child does not follow any of the student rules for inhaler use listed below, I am aware that disciplinary action will result including confiscation of the inhaler and loss of the privilege to carry an inhaler. I hereby release, discharge, and hold harmless the Parkland School District, its agents and its employees from any and all liability if my child fails to self medicate as prescribed by the physician.

Parent Signature _____ Date _____

Student Rules on Inhaler Use

- I am responsible for taking my inhaler as prescribed by my physician.
- I will notify the school nurse immediately after each time I use my inhaler in school.
- I am responsible for bringing my inhaler to school.
- I will never touch anyone else's inhaler.
- I will never loan my inhaler to anyone else or invite anyone to try my inhaler.
- If I do not follow all of the above rules, I am aware that I may face disciplinary action.

Student Signature _____ Date _____

School Nurse Signature _____ Date _____