



CONTRACT FOR SELF-ADMINISTRATION OF INHALER

Student: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

ID#: \_\_\_\_\_ School: \_\_\_\_\_

Health Care Provider name and phone #: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage and Time: \_\_\_\_\_

This medication must be administered following the Board of Education Policy and Procedure (4113) for administering medication. The inhaler must be labeled with student name, dosage, directions for use and name of health care provider. If possible, a second inhaler should be provided to the school health office.

Responsibilities for Carrying Respiratory Inhalers		
Nurse to review (Circle One)		
Yes	No	Allergy/Asthma Letter returned and asthma plan established.
Yes	No	Parent/Guardian Medication Consent Form and Order for Medication Administration form returned.
Yes	No	Student demonstrates correct use of inhaler.
Yes	No	Student acknowledges proper timing for inhaler use.
Yes	No	Student understands the dangers of and agrees not to share the inhaler with others.
Yes	No	Student agrees to access the health office if the student continues to have difficulty with breathing, wheezing, or chest tightness after using the inhaler.

This student does/does not (circle one) demonstrate meeting the above criteria and is/is not (circle one) allowed to carry his/her own inhaler.

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Date

I agree to: 1) never share my inhaler with anyone else; 2) carry my inhaler in the proper, labeled container; and 3) use my inhaler only at the prescribed time/frequency and dose.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

My child will be responsible for carrying and self-administering his/her asthma inhaler. He/she agrees to follow MMSD's procedures concerning the handling and administration of this medication. I agree that it is my responsibility to ensure my child brings a current inhaler to school each day.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date