

**Whitney Independent School District  
Contract between Student, Parent, Nurse, and Doctor**

For permission to carry an inhaler or anaphylactic medicine:

1. Prescription medicine is prescribed for that student as indicated by the prescription label on the medicine.
2. Student has demonstrated to the nurse the correct use of the medication.
3. Student agrees to never share the medication with another person.
4. Student agrees that after the prescribed dose of medication, if there is not marked improvement, he/she will go to the nurse immediately.

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**Student Signature**

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I give my permission for my child, \_\_\_\_\_, to carry the inhaler/anaphylactic medication described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

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**Parent Signature**

**Date**

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<b>MEDICATION</b>	<b>DOSE</b>	<b>FREQUENCY</b>	<b>DURATION</b>

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**Student Name**

Student has asthma or anaphylaxis and is capable of self-administering the above medication.

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**Physician signature**

**Date**