

In accordance with the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act" this student has permission to carry and self-administer asthma rescue medication for the current school year.

STUDENT CONTRACT
Carrying and Self-administering Medications for Asthma at School

Name of student:	Date of birth:	School/Grade:
Student to initial each item and sign below:		
<input type="checkbox"/> I plan to keep my asthma medicine with me at school and to use it as I was instructed by my doctor. <input type="checkbox"/> I agree to use my asthma medicine in a safe and responsible way while traveling to school or school sponsored activities, at school, and at any school sponsored activities. <input type="checkbox"/> I will tell a school staff member or go to the school Health Office if I am having trouble controlling my asthma. <input type="checkbox"/> I will not allow any other student to use my asthma medicine. <input type="checkbox"/> I understand that if I don't use my medicine in a safe and responsible manner, the school will contact my parent/guardian and I may lose the privilege of carrying my medicine		
Student signature:	Date:	

Parent/Guardian:

Parent/Guardian name:	Phone:
Parent/Guardian to initial each item and sign below:	
<input type="checkbox"/> I agree to make sure that my child carries the prescribed medication. <input type="checkbox"/> I will ensure that the device contains medication, the medication has not expired, and the medication device is labeled with my child's name. <input type="checkbox"/> It has been recommended to me that back up asthma medication be provided to the Health Office for emergencies. <input type="checkbox"/> I understand that if my child fails to carry and self-administer this asthma medication according to the physician's orders and the above agreement, I will be contacted by school personnel and this contract will be reconsidered. <input type="checkbox"/> I have provided the school with a completed authorization titled "Authorization for Asthma Medication at School." This form has been signed by me and by the prescribing physician. <input type="checkbox"/> I release MCVSD #51, any associated entity, and employees and volunteers of MCVSD #51 or associated entity, from liability if my child fails to safely and responsibly carry and self-administer this medication in accordance with the physician's orders and this contract.	
Parent/Guardian signature:	Date:

District 51 Registered Nurse:

District 51 Registered Nurse to initial each item and sign below:	
<input type="checkbox"/> I have met with this student and he/she has verbalized an understanding of: 1) the safe and correct technique for self-administration of his/her asthma medication, 2) the appropriate dosage and frequency of administration, 3) the concept of pretreatment with asthma medication prior to exercise 4) the responsibilities and risks associated with carrying medication at school, 5) the importance of limiting exposure to known asthma triggers. <input type="checkbox"/> I have notified the appropriate staff of the student's health concern and have advised those staff that need to know of the student's authorization to carry and self-administer asthma medication. <input type="checkbox"/> I have verified that all appropriate paperwork has been completed and the physician and the school nurse have determined that this student has the skill level necessary to carry and self-administer asthma medication at school and school sponsored activities.	
RN Signature:	Date: