

De acuerdo con el Acta "Colorado School Children's Asthma and Anaphylaxis Health Management" este estudiante tiene permiso para cargar y darse su propio medicamento de rescate para la Asma para el año escolar.

**CONTRATO ESTUDIANTIL**  
**Cargar y tomar sus propios Medicamentos para el Asma en la Escuela**

**Student:**

Name of student:	Date of birth:	School/Grade:
<b>Student to initial each item and sign below:</b>		
_____ I plan to keep my asthma medicine with me at school and to use it as I was instructed by my doctor.		
_____ 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.		
_____ I will tell a school staff member or go to the school Health Office if I am having trouble controlling my asthma.		
_____ I will not allow any other student to use my asthma medicine.		
_____ 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:	

**Padre/Guardián:**

Nombre de Padre/Guardián:	Teléfono:
<b>El Padre/Guardián debe leer cada oración y inicializar cada una y firmar abajo:</b>	
_____ Estoy de acuerdo de asegurar que mi criatura carga su medicamento.	
_____ Voy asegurar que el aparato contiene el medicamento, que el medicamento no esté expirado, y que el aparato para el medicamento tenga una etiqueta con el nombre de mi criatura.	
_____ Se me ha recomendado que le entregue a la Oficina de Salud un poco de la medicina para el Asma para que la tengan ellos disponible para en casos de emergencias.	
_____ Entiendo que si mi criatura falla en cargar y tomar su medicina según las ordenes del doctor y de este contrato, el personal de la escuela se va a comunicar conmigo y este contrato será reconsiderado.	
_____ Entregué a la escuela la autorización completa titulada "Autorización para Medicamento para el Asma en la Escuela". Yo y el doctor que recetó el medicamento la firmamos.	
_____ Libro a Distrito 51, y cualquier entidad asociada, y empleados y voluntarios de MCVSD #51 o entidad asociada de toda responsabilidad si mi criatura no carga o se toma este medicamento debidamente y según las ordenes del doctor y de este contrato.	
Firma del Padre/Guardián:	Fecha:

**District 51 Registered Nurse:**

<b>District 51 Registered Nurse to initial each item and sign below:</b>	
_____ 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.	
_____ 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.	
_____ 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: