



## Gavin School District 37

### Parent/ Student Agreement to Carry Asthma Medication

#### To be Completed by Parent/Guardian:

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

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time of use: \_\_\_\_\_ If PRN state time between doses: \_\_\_\_\_

Start Date: \_\_\_\_\_  End Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

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#### To be completed by Student:

I, \_\_\_\_\_ student at Gavin School; district #37 agree to the following:

- 1. I have demonstrated the correct use of inhalers to the health care provider and school health personnel.***
- 2. I agree to never share my asthma medication with another person.***
- 3. I agree that if there is no marked improvement after prescribed dosage, I will notify a teacher or other responsible adult who will seek further medical intervention.***

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_