



Revised 1/04

**CONTRACT BETWEEN STUDENT, PARENT, NURSE AND DOCTOR
FOR PERMISSION TO CARRY INHALERS FOR ASTHMA**

Student _____ Date of Birth _____ Date _____

Desired peak flow _____ Peak flow #1 _____ #2 _____ #3 _____

1. Student has demonstrated the understanding of circumstances of his/her specific asthma "triggers"
 - a. symptoms present to warrant the need for asthma medication
 - b. proper administration technique
 - c. correct dosage and use of inhaler to the nurse
2. Student agrees never to share the inhaler with another person
3. Student agrees not to exceed the allowed dosage without **FIRST** obtaining medical assistance from the school nurse.

I give permission for my child _____ to carry the inhaler(s) described below. I understand that she must follow the rules listed above. I will notify the school of changes in medication or in my child's condition.

NAME OF MEDICATION: _____

DOSAGE: _____

FREQUENCY OF USE: _____

Parent Signature _____ Date _____ +

Student Signature _____ Date _____

Physician Signature _____ Date _____ Office # _____

School Nurse Signature _____ Date _____