



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 \_\_\_\_\_