



***Contract between Student, Parent, Nurse and Physician
for Permission to Carry Inhalers for Asthma***

Student's Name: _____ Age: _____ YOG: _____

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	DOSE	FREQUENCY OF USE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature and Date

Physician Signature Printed Name Date

Physician Office Phone Number and Fax Number