

SELF ADMINISTRATION OF ASTHMA MEDICATION

(To be completed at the beginning of each school year and kept on file with the school nurse)

Student's name: _____ Form: _____ Date: _____

(This is optional and up to parental discretion.)

If you choose to have your son carry his inhaler, it is required that an inhaler also be kept at the nurse's station.

My son has permission to carry the following asthma inhaler at school:

Inhaler: _____ Dosage: _____

When to use: _____

I have discussed this release with my son's physician and he/she agrees that it is safe and prudent for my son to carry his inhaler with him at all times.

Parent/Guardian Signature: _____ Date: _____

Student Agreement and Signature:

I, _____ agree I will

- never allow another student to use my medication.
- keep my medication with me at all times and take to all activities and off campus events.
- go to the nurse's office, accompanied by someone, when I have used my emergency medication or am having symptoms.
- avoid exposure to risks that may affect my health and safety to the best of my ability.
- follow school policy and my medical provider's instructions and directives on my emergency plan of care.

Student Signature:

_____ Date _____