

Asthma Self Carry Contract

In accordance with the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act" this student has permission to carry and self-administer their asthma medication for the current school year.

School: _____ School Year: _____

STUDENT : _____ **DOB:** _____ **Grade:** _____

- I will keep my rescue inhaler with me at school and will follow my doctor's instructions.
- I will use my rescue inhaler safely at school and any school sponsored events.
- If I have asthma difficulty I will tell school staff or I will go to the school health office.
- I will not allow any other person to use my inhaler.
- If I don't use my medicine safely, I may lose my privilege.

Student's Signature _____ Date _____

PARENT/GUARDIAN: _____

This contract is in effect for the current school year unless revoked by the provider or student fails to meet the above safety contingencies.

- I agree to make sure that my child carries his/her asthma medication.
- I will see my student carries the prescribed medication. The device will contain medication, the medication won't be expired and the medication will have my student's name on it.
- I have been told to keep an extra rescue inhaler in the Health Office.
- I know school staff may review this contract with me if my student doesn't follow doctor orders or doesn't follow agreement.
- I will provide a doctor signed medication authorization to the school.

Parent's Signature _____ Date _____

NURSE CONSULTANT: _____

- The above student has demonstrated correct technique for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pre-treatment with an inhaler prior to exercise.
- I have notified the appropriate staff that need to know of the student's health condition and have advised them of the student's authorization to carry and self-administer their asthma medication.
- I have verified that all appropriate paperwork has been completed and the school nurse has determined that this student has the skill level necessary to carry and self-administer their asthma medication at school and school sponsored activities.

Nurse Consultant's Signature _____ Date _____