

ACADEMY DISTRICT 20 CONTRACT TO SELF
CARRY **RESCUE INHALER**

This contract is in effect for the current school year only unless revoked by the parent, physician, or school nurse or if the student fails to comply with this contract.

All items must be checked and **all** signatures must be present in order for student to have permission to carry their rescue inhaler with them while at school.

Student Name _____ **Date of Birth** _____
Grade _____ **Teacher** _____
Name of Medication _____ **Prescribed Dosage** _____
Purpose _____ **Frequency** _____
Length of time between dosages of meds to be self administered _____
Special Instructions / Side effects _____

PHYSICIAN

- ____ This student has demonstrated the proper use of the rescue inhaler in my office.
- ____ I have instructed the student in the correct and responsible use of the medication.
- ____ I confirm that the student has been instructed and is capable of self administering the prescribed medications.

Physician Signature _____ **Date** _____

Office Phone: _____

PARENT

- ____ My student has demonstrated the proper use of his rescue inhaler in my presence.
- ____ My student understands his asthma triggers, symptoms, and his treatment plan including the difference between when to use preventive medications and his rescue inhaler. He understands the importance of letting his parents and school staff know when he is having more difficulty than usual with his asthma.
- ____ I give permission for my student to keep his rescue inhaler with him and to self-administer this medication in the school setting.
- ____ I agree to bring an extra (back-up) rescue inhaler to be kept in the health room.
- ____ I agree to be responsible for seeing that the inhaler my student carries with him and has in the health office is the correct medication and dosage, that his inhalers have medication in them, and are not expired.
- ____ I agree to regularly review with my student the proper use of his rescue inhaler: frequency, procedure, and documentation of usage when at school.
- ____ I agree to regularly review the status of my student's asthma with him and his physician and to notify his physician when he is having more difficulty than usual with asthma.
- ____ I agree that the school district or school employee is not liable for damages if there is an act or omission related to my student's use of their medication unless the damages were caused by willful or want on conduct or disregard of the criteria of the treatment plan.

Parent Signature _____ **Date** _____

STUDENT

- I agree to use my rescue inhaler as prescribed by my doctor above. I understand my asthma triggers, symptoms, and treatment plan including the difference between when to use any preventive medications and my rescue inhaler.
- I agree to keep my rescue inhaler with me at school as well as an extra one in the health room.
- I agree to go to the health office when possible to use my rescue inhaler and I agree to always go to the health office to let them know that I have used it and to document each time I use my inhaler while at school.
- I realize that it is important for me to let an adult in the school health office as well as my parents know if I am having more difficulty than usual with my asthma and I agree to tell them.
- I agree to never share my rescue inhaler with any one.

Student Signature _____ Date _____

SCHOOL NURSE

- I agree to notify school staff that have the "need to know" about this student's condition and the need to carry a rescue inhaler.

School Nurse Signature _____ Date _____

****This Health Plan and any Nurse delegation related to this plan are for use during normal operational school hours. After hours: call parent(s) and or 911 for all medical concerns/emergencies.**