

Asthma Self-Carry Contract

Student: _____ DOB: _____ Grade: _____

☐ I plan to keep my rescue inhaler with me at school rather than in the school nurse office.

☐ I agree to use my rescue inhaler in a responsible manner, in accordance with my physician's orders.

☐ I will notify the school nurse or office if I am having more difficulty than usual with my asthma.

☐ I will not allow any other person to use my inhaler.

Student's Signature _____ Date _____

☐ I agree to see that my child carries their medication as prescribed, that the device contains medication, and date is current.

☐ It has been recommended to me that a back-up rescue inhaler be provided to the nurses office for emergencies.

☐ I will review the status of the student's asthma with the student on a regular basis as agreed in the healthcare plan.

Parent's Signature _____ Date _____

This section to be filled out by the Healthcare Provider

I have diagnosed _____ with _____
Student name Name of chronic disease

for which emergency medication _____ may be needed while
Name of Medication

at school or during school sponsored activities.

I have instructed this patient how to safely and appropriately use this medication and I believe that they are capable of using the medication as instructed. I believe that this patient should carry this medication and will use it in a responsible manner, in accordance with my orders and instructions.

Provider Name: _____

Provider Signature _____ Date _____

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