



HOPE Academy

2022-2023

**CONTRACT FOR STUDENTS SELF CARRYING/
ADMINISTERING ASTHMA INHALER WITH THEM WHILE
AT SCHOOL**

STUDENT

- I will keep my Asthma Inhaler with me at school at all times.
- I agree to use my Asthma Inhaler in a responsible manner, only as directed by my doctor/nurse practitioner.
- I will notify the school health office immediately if my Asthma Inhaler has been used.
- If I lose my Asthma Inhaler I will notify | Office Staff| at school and he/she will notify my parents.
- I will not allow any other person to use my Asthma Inhaler.

Student's Signature: | _____ | Date: | _____ |

PARENT/GUARDIAN

This contract is in effect for the current school year unless *revoked by the physician/school nurse if the student fails to meet the above safety contingencies.*

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.
- It has been recommended to me that a back-up Asthma Inhaler be provided to the Health Office for emergencies.
- I will review the status of the student's allergy with the student on a regular basis as agreed in the treatment plan.
- I understand that I have the option to withdraw my permission for my student to carry their Asthma Inhaler and self administration.

Parent's/Guardian Signature: | _____ | Date: | _____ |

Permission Revoked: | _____ | Signature/Date : | _____ |

The above student has demonstrated correct techniques for Asthma Inhaler use, an understanding of the physician order for emergency use of the Asthma Inhaler

- **The school staff that have the need to know about the student's condition and the need to carry medication have been notified.**

School Nurse's Signature: | _____ | Date: | _____ |

Permission Revoked: | _____ |

School Nurse's Signature/ Date: | _____ |

Reason Revoked: | _____ |