

## Student Agreement to Carry Inhaler

1. Student agrees **NEVER** to share the inhaler with another person.

2. Student agrees that if there is no improvement in symptoms after use of the inhaler he/she will notify a teacher or other adult who will assist him/her in seeking further medical intervention.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to carry the inhaler named below and listed on the accompanying medication authorization form. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

NAME OF MEDICATION: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*For school nurse completion (initial & date):*

- Student verbalizes symptoms that may indicate need for use of the inhaler and verbalizes correct frequency of use
- Student has demonstrated correct usage of the inhaler to school nurse
- Inhaler is properly labeled with student's name
- Inhaler expiration date