

Self Carry Asthma Inhaler Agreement

Student Information

Student's name	Grade/Classroom
<input type="checkbox"/> I plan to keep my asthma inhaler with me at school as my doctor or health provider ordered. Location of my asthma inhaler: _____	
<input type="checkbox"/> I agree to use my asthma inhaler in a responsible manner as ordered.	
<input type="checkbox"/> I will notify the school health office immediately if my asthma inhaler has been used and if my asthma attack does not get better.	
<input type="checkbox"/> I will never allow any other person to use my asthma inhaler.	
Student signature	Date

Parent/Guardian

This contract is in effect for the current school year unless revoked by the physician or licensed health provider, or if my child fails to meet the above safety contingencies.	
<input type="checkbox"/> I agree to see that my child carries their medication as prescribed, that the asthma inhaler always contains medication that has not expired.	
<input type="checkbox"/> It has been recommended that it is best practice to have a "back-up" asthma inhaler available at the designated school health clinic or office for emergencies.	
<input type="checkbox"/> I will review the health status with my child's health care provider on a regular basis and notify the school if anything changes, including a parent/guardian emergency numbers.	
Parent/Guardian signature	Date
Emergency Contact Number (Available at all times)	

Nurse at School and/or Designated School Personnel

<input type="checkbox"/> The student above has demonstrated correct technique for asthma inhaler use, and understanding of the physician order for emergency use.	
<input type="checkbox"/> The physician has completed the appropriate medication authorization record to self carry.	
<input type="checkbox"/> School staff that has the need to know about the student's condition and the need to carry an asthma inhaler have been notified and trained according to ORC3313.713.	
Nurse signature	Date
School Personnel	Date
School Administrator/Principal signature	Date

Ohio Department of Health
Authorization for Student Possession and Use of an Asthma Inhaler
 In accordance with ORC 3313.716/3313.14

A completed form must be provided to the school principal and/or nurse before the student may possess and use an asthma inhaler in school to alleviate symptoms, or before exercise to prevent the onset of asthmatic symptoms.

Student's name
Student address

This section must be completed and signed by the student's parent or guardian.

As the Parent/Guardian of this student, I authorize my child to possess and use an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

Parent/Guardian Signature	Date
Parent/Guardian Name	Parent/Guardian emergency telephone number ()

This section must be completed and signed by the student's physician.

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)
Procedures for school employees if the medication does not produce the expected relief	
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Possible severe adverse reactions:

To the student for whom it is prescribed (that should be reported to the physician)
To a student whom it is not prescribed who receives a dose
Special Instructions
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Physician signature	Date
Physician Name	Physician emergency telephone number ()

Adapted from the Ohio Association of School Nurses