

STUDENT/PARENT/SCHOOL NURSE/HEALTHCARE

PROVIDER CONTRACT for QUICK RELIEF

Permission to carry inhaler

- Student has demonstrated to the healthcare provider correct use of the inhaler and self assessment.
- Student has demonstrated the correct use of inhaler and discussed asthma symptoms with the school nurse.
- Student agrees to never share inhaler with another person.
- Students that after two puffs he/she will go to see the nurse immediately for assessment.
- There is a personal best peak flow reading on file in the health room.

Student Signature _____

I give permission for my child _____

To carry the quick relief inhaler described below. 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. I accept full responsibility for his/her actions.

Name of medication	Dose	Instructions for use
_____	_____	_____
_____	_____	_____

Parent/Guardian signature: _____

Date: _____

Healthcare provider signature: _____

Date: _____

STUDENT ASTHMA INFORMATION