Parent Agreement for Child to Carry Asthma Inhaler

***Please include a Copy of the Prescription Label for Rescue Inhaler

I give permission for my child _______________________________ to carry the medications listed below. **I will notify the school of any changes in medication, or of my child’s condition.**

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dose</th>
<th>Frequency of Use</th>
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I understand this information will be shared with appropriate school district personnel.

Yes ☐ No ☐ An extra supply of medication will be brought to school and kept in the nurse’s office.

Parent/Guardian Signature___________________________________________Date___________________________

Child Agreement to Carry Asthma Inhaler

I agree to notify a district employee:

1.) when medication has been taken,
2.) if my medication is lost or misplaced,
3.) if my medication changes.

I agree not to share my medication with another person.

Child Signature___________________________________________Date___________________________

The student has demonstrated proper use and technique for the self-administration of _______________________________(Medication Name)

Self-administration technique will be monitored and re-evaluated ________________________________

RN signature___________________________________________Date___________________________

Reviewed 2019