

Student Agreement to Carry Inhaler

1. Student has demonstrated the correct use of inhaler to the health care provider and school_health personnel.

2. Student agrees to **never** share the inhaler with another person.

3. Student agrees that if there is not marked improvement after two puffs, he/she will notify a teacher or other responsible adult who will seek further medical intervention as outlined in the student's Asthma Management Plan.

Student signature _____ Date: _____

I give permission for my child _____ to carry the 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.

NAME OF MEDICATION	DOSE	FREQUENCY OF USE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian Signature _____ Date: _____