

AGREEMENT OF STUDENT REGARDING SELF- ADMINISTRATION OF ASTHMA INHALER MEDICATION

- ✓ I have demonstrated the correct use of the inhaler to the school health personnel. (Initial by school health personnel)\_\_\_\_\_.
- ✓ I agree to NEVER share the inhaler with another person.
- ✓ I agree to report each occasion of use of the inhaler to the school health personnel.
- ✓ I agree to come directly to the Nurse's Office if I continue to have difficulty with breathing, wheezing, or is experiencing chest tightness after using the inhaler.
- ✓ I understand if I do not follow the provisions of this policy, I may lose the privilege of carrying the asthma medication.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**AGREEMENT OF PARENT/ GUARDIAN REGARDING SELF-  
ADMINISTRATION OF ASTHMA INHALER MEDICATION**

- ✓ My child will be responsible for carrying this asthma inhaler and will self-administer.
- ✓ My child agrees to follow the district's procedures concerning the handling and administration of this medication.
- ✓ I understand it would benefit my child for the School Nurse to be supplied with back up medication in the event the medication is lost or misplaced.
- ✓ I acknowledge that the Centennial School District bears no responsibility for ensuring that the medication is taken.
- ✓ I agree to release the Centennial School District and its school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of asthma medication.

Parent/ Guardian's  
Signature \_\_\_\_\_ Date \_\_\_\_\_