

Rescue Inhaler Self-Carry Agreement for Students

with Asthma



NOTE: This form is to be completed each school year, in addition to a medication authorization order from the student's provider with prescriptive authority.

Student Name: _____ DOB: _____ Grade: _____

School: _____

STUDENT ACKNOWLEDGMENT:

- I agree to keep my asthma rescue inhaler with me at all times while attending school and/or attending school-sponsored events.
- I agree to use & self-administer my asthma rescue inhaler responsibly, per my provider's orders.
- I agree to notify the school health clinic if I am having more difficulty than usual with my asthma.
- I agree to not allow any other person to use my inhaler.
- I agree that failure to follow the terms of this Agreement and applicable school board policy will result in loss of the privilege to possess and self-administer my asthma rescue inhaler.

Student Name _____ Student Signature _____ Date _____

PARENT/GUARDIAN ACKNOWLEDGEMENT

This contract is in effect for the current school year unless revoked by the provider or if the student fails to meet the above safety contingencies.

- I agree to see that my student carries their medication as prescribed by their provider at school and/or at school-sponsored events and activities, that the device contains medication, and that the medication is not expired.
- I agree to provide the school health clinic with a signed Health Care Provider order for this medication.
- It has been recommended to me that a backup rescue inhaler be provided to the school health clinic for emergencies.
- I agree to review the status of my student's asthma regularly with the school health clinic.

Parent/Guardian Name _____ Parent/Guardian Signature _____ Date _____

SCHOOL ACKNOWLEDGMENT

- The above student has demonstrated the correct technique for asthma rescue inhaler use, they understand the provider's order for time and dosages, and they understand the concept of pretreatment with an inhaler before exercise/activity if ordered.
- Appropriate school staff who need to know about the student's medical condition and their need to self-carry this medication have been notified.
- I have reviewed the medication authorization order provided by the parent/guardian and signed by the health care provider and the parent/guardian.

School Nurse Name _____ School Nurse Signature _____ Date _____

Pursuant to C.R.S. 22-1-119.5, a student with asthma, severe allergies, or other related, life-threatening conditions may possess and self-administer medication to treat the condition if the student has an approved treatment plan. In accordance with state law and school board policy, a student may be granted permission to self-carry and self-administer asthma inhalant medication. As such, the Cherry Creek School District requires that parents and students complete this Agreement prior to granting a student permission to possess and self-administer asthma inhalant medication.