



Non-Public School Health Services

CONTRACT FOR CARRY/SELF-ADMINISTRATION OF INHALERS 2026 - 2027

Students with pulmonary conditions are expected to carry their rescue inhalers during school, before and after school, and on field trips. In order to coordinate the best care for your child, please **complete** parental portion of this form below and return it to the Health Office. Contact the School Nurse if there are any changes to your child's medication or treatment plan during the school year.

STUDENT NAME _____ **Grade:** _____ **Date:** _____

1. Self-carry/self-administration order from prescribing physician must be on file in health office.
2. Medication must be unexpired and in its original container with pharmacy label
3. Student must demonstrate safe and correct administration of inhaled medication
4. Student must verbalize symptoms necessitating use of rescue inhaler and prescribed plan of treatment
5. Student agrees to **NEVER** share medication with others
6. Student understands medication temperature considerations and agrees to follow manufacturer storage recommendations
7. Student agrees to notify nurse or after school staff should symptoms worsen or not improve after medication use.
8. Student agrees to **provide and carry his/her own inhaler on field trips**. If student forgets to bring his/her inhaler, they may forfeit attendance on the field trip.
9. Expiration date of inhaler _____. If applicable, a reminder set in student phone or date book _____.

Student and Nurse Agreement

This student does _____ does not _____ demonstrate the required responsibility to self-carry/administer. I give permission to notify staff of my plan of self-administration. I understand that if I do not follow the agreement according to the guidelines stated above, or misuse my medication in any way, this agreement will be immediately terminated, and my parents will be notified.

Student Signature

Date

School Nurse Signature

Date

Parent/Guardian Agreement

I request that my child, named above, be permitted to carry and self-administer the above ordered medication, and be responsible for proper use and storage. I support my child in following the above agreement and understand that if he/she does not, I will be contacted, and a new plan will be developed. I agree to provide additional medication in the event of loss or damage.

Parent/Guardian Signature

Date

Emergency Phone Number