

DENVER PUBLIC SCHOOLS
DIVISION OF STUDENT SERVICES
NURSING SERVICES
2016-2017

CONTRACT FOR STUDENTS CARRYING/SELF ADMINISTER OF
INHALERS WITH THEM WHILE AT SCHOOL

STUDENT

- I will keep my rescue inhaler with me at school at all times.
- I agree to use my rescue inhaler in a responsible manner, only as directed by my doctor/nurse practitioner.
- I will notify the school health office if I am having more difficulty than usual with my asthma.
- If I lose my inhaler, I will notify _____ at school and he/she will notify my parent/guardian.
- I will not allow any other person to use my rescue inhaler.

Student's Signature: _____ Date: _____

PARENT/GUARDIAN

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

- I agree to see that my student carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.
- It has been recommended to me that a back-up rescue inhaler be provided to the Health Office for emergencies.
- I will review the status of the student's asthma with the student on a regular basis as agreed in the treatment plan.
- I understand that I have the option to withdraw my permission for my student to carry their inhaler and self-administer.

Parent/ Guardian Signature: _____ Date: _____

Permission revoked: _____ Signature/Date: _____

SCHOOL NURSE

- The above student has demonstrated correct techniques for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pretreatment with an inhaler prior to exercise.
- The school staff that have the need to know about the student's condition and the need to carry medication have been notified.

School Nurse's Signature: _____ Date: _____

Permission Revoked: _____ School Nurse's Signature Date: _____

Reason Revoked: _____