

**DENVER PUBLIC SCHOOLS**  
**DIVISION OF STUDENT SERVICES**  
**NURSING SERVICES**  
**2017-2018**

**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: \_\_\_\_\_