

Mumford ISD

Contract for Students Carrying Inhalers

STUDENT:

- I will keep my rescue inhaler with me at school rather than in the health office
- I will use my rescue inhaler in a responsible manner and as instructed by my physician
- I will notify the health office if I am having more difficulty than usual with my breathing
- I will not allow any other person to use my inhaler

Student Signature: _____ Date: _____

PARENT/GUARDIAN:

This contract is in effect for the current school year unless revoked due to change in care by physician or the student fails to follow safety guidelines agreed to in contract.

- I request that my child carries their medication
- I will assure the device contains medication and date is current
- I understand that is recommended to keep an extra inhaler in the health office for emergencies
- I will notify the health office to changes in my child's breathing

Parent/Guardian Signature: _____ Date: _____

SCHOOL NURSE

- The above student has demonstrated correct technique for inhaler use
- The above student has understanding of physician orders for time and dosages
- Staff will be notified as needed to the students condition and need for medication

Nurse Signature: _____ Date: _____