



Euclid City Schools Self Carry Asthma Inhaler Agreement



Student Information

Student's Name	Grade/Classroom
<input type="checkbox"/> I plan to keep my asthma inhaler with me at school as my doctor or health provider ordered. Location of my asthma inhaler: _____ <input type="checkbox"/> I agree to use my asthma inhaler in a responsible manner as ordered. <input type="checkbox"/> I will notify the school health office immediately if my asthma inhaler has been used and if my asthma attack does not get better. <input type="checkbox"/> I will never allow any other person to use my asthma inhaler.	
Student signature	Date

Parent/Guardian

This contract is in effect for the current school year unless revoked by the physician or licensed health provider, if my child fails to meet the above safety contingencies.	
<input type="checkbox"/> I agree to see that my child carries their medication as prescribed, that the asthma inhaler always contains medication that has not expired. <input type="checkbox"/> It has been recommended that it is best practice to have a "back-up" asthma inhaler available at the designated school health clinic or office for emergencies. <input type="checkbox"/> I will review the health status with my child's health care provider on a regular basis and notify the school if anything changes, including a parent/guardian emergency numbers.	
Parent/Guardian Signature	Date
Emergency Contact Name and Number (Available at all times)	

Nurse/Health Monitor at School and/or Designated School Personnel

<input type="checkbox"/> The student above has demonstrated correct technique for asthma inhaler use, and understanding of the physician order for emergency use. <input type="checkbox"/> The physician has completed the appropriate medication authorization record to self carry. <input type="checkbox"/> School staff that has the need to know about the student's condition and the need to carry an asthma inhaler have been notified and trained according to ORC3313.713.	
Nurse/Health Monitor Signature	Date
School Personnel	Date
School Principal Signature	Date