



## Student Contract for Asthma Inhalers at School

So the Owensboro Catholic Schools may provide the best care for your child, please read the following information on asthma inhalers and the options available.

**CIRCLE CHOSEN OPTION BELOW:**

**OPTION #1**

Student keeps inhaler(s) in the Health Room/Office may come before PE or as needed. The student will come to the Health Room/Office where the inhaler will be kept, and uses it under supervision. The advantage is that the student will be supervised, monitored for using the medication & inhaler correctly, in the proper amount, and records will be kept.

**OPTION #2**

**Qualified** students will be allowed to carry their inhalers. The advantage is that it is immediately accessible. A spare inhaler provided by the parent may be kept for them in the Health Room/Office should they forget theirs or run out. Students who demonstrate an inability to manage self-medication properly and break the contract below will not be allowed to continue this practice & the Parent/Guardian will be notified.

All medications brought to school must be in their original container with intact prescription label attached indicating medication dosing instructions, and accompanied by a parental signed "Consent and Release for Administration of Prescription and Non-Prescription Medications at School."

If you & your child agree to Option #2, a signed physician order is required, stating that the child may be allowed to carry his/her inhaler on his/her person and self-administer his/her inhaler while at school. The physician may sign this contract OR a written order must be attached.

**CONTRACT BETWEEN STUDENT, PARENT, SCHOOL, AND PHYSICIAN  
FOR PERMISSION TO CARRY & SELF ADMINISTER INHALER**

1. Student has demonstrated to the School Nurse or Health Room Technician the correct use of inhaler.
2. Student agrees to never share the inhaler with another person.
3. Student agrees that after two puffs, if symptoms persist, he/she will immediately report to the OCS staff in his/her immediate presence & immediate action will be taken. Students understand in this situation, he/she is NOT to be left alone & must be accompanied by OCS teacher or student. *Specific to student's condition:*
  - a. OCS staff in his immediate presence will call the Health Room/Office & request HRT &/or principal &/or other principal-designated trained staff to come to the student
  - b. OR OCS staff or student will escort student to Health Room/Office
  - c. OR OCS staff member will take action at student's current location

4. \_\_\_\_\_
5. \_\_\_\_\_

Name of Medication	Dose	Frequency of Use



Owensboro Catholic Schools

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**Student's Consent:**

I agree to the conditions as specified on the rules listed above. If I break my contract, I understand that I will no longer be allowed to self-carry & self-medicate with my Asthma inhaler, my Asthma inhaler must be left in the Health Room/Office, & an OCS School Official will notify my Parent/Guardian of the incident.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OCS Health Room Staff Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Consent:**

I give permission for my child \_\_\_\_\_ to carry the inhaler prescribed by the physician. I understand that he/she must follow the rules listed above & I will be notified of any student breach in the contract. I will notify the school of changes in medication or my child's condition.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Comments: \_\_\_\_\_

**School Nurse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Signature** (or attach written order) \_\_\_\_\_ **Date:** \_\_\_\_\_