CONTRACT FOR STUDENTS CARRYING INHALERS AND/OR EPIPENS AT SCHOOL

Student:_____ DOB:_____ Date:_____

PLEASE CHECK ALL OPTIONS THAT APPLY:

☐ **ASTHMA - INHALER CONTRACT**

Desired peak flow _____ Peak Flow #1 _____ #2_____ #3_____

1. Student has demonstrated the understanding of circumstances of her specific asthma "triggers"
    a. Symptoms present to warrant the need for asthma medication
    b. Proper administration technique
    c. Correct dosage and use of inhaler to the nurse
2. Student agrees never to share the inhaler with another student
3. Student agrees not to exceed the allowed dosage without **FIRST** obtaining assistance from the school nurse

NAME OF INHALER: _____

DOSAGE _____

FREQUENCY:_____

☐ **EPIPEN CONTRACT**

1. Student has demonstrated understanding of:
    a. Circumstances of her specific allergy
    b. Symptoms of severe reaction/anaphylaxis and identify the need of epinephrine
    c. Techniques of self-administration of EpiPen
2. Student agrees to never share the EpiPen with another student
3. Student agrees to seek help **immediately** from the nurse or another adult in the event of exposure to known allergen (regardless of whether EpiPen was self-administered or not)

I give permission for my daughter to carry and self-administer the **inhaler(s)** and/or **Epipen** described above. I understand that she must follow the rules listed above. In the event that **Epinephrine** needs to be administered, I understand that the Emergency Medical System (911) will be called, and my daughter will be transported to the nearest Emergency Room for continued medical support. **I will notify the school of changes in medication or in my daughter's condition.**

_____

Parent/Guardian Signature Date

_____

Student's Signature Date

_____

School Nurse Signature Date