



SELF-CARRY INHALER AGREEMENT

Date: _____ **School:** _____

Student: _____ **Grade:** _____

I would like to keep my asthma inhaler with me during school hours and I agree to the following:

- I will have a current pharmacy label on the inhaler itself.
- I will keep my inhaler with me at all times so that I will have it when I need it, and so that other students will not have access to it.
- I will not share my inhaler with other students.
- I will be responsible for its safekeeping.
- I understand how to use my inhaler and will use it only as directed.
- If using my inhaler does not relieve my asthma symptoms, I will tell the school nurse or another adult if the school nurse isn't present.
- I can also keep an extra inhaler in the nurse's office, and may have to do this if keeping it with me doesn't work.
- Student will be responsible for bringing medication on field trips and drills.

Special
Instructions: _____

Signatures:

Student _____ **Date** _____

**Parent/
Guardian** _____ **Date** _____

School Nurse _____ **Date** _____