

**STUDENT**

- I plan to keep my rescue inhaler with me at school rather than in the school health office.
- I agree to use my rescue inhaler in a responsible manner, in accordance with my physician's orders.
- I will notify the school health office if I am having more difficulty than usual with my asthma.
- I will not allow any other person to use my inhaler.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN**

Este contrato estará en efecto el presente año escolar a menos que el doctor del estudiante lo revoque o que el estudiante falle en cumplir las contingencias propuestas en el párrafo anterior.

- Estoy de acuerdo en ver que mi niño/a lleve la medicación prescrita, que el dispositivo contenga medicina, y que este al día.
- Se me ha recomendado que un inhalador de emergencia sea provisto al Oficial de Salud para casos de emergencia.
- Yo revisaré el estado del asma del estudiante regularmente como fue aceptado en el plan de salud.
- Yo le proveeré a la escuela la autorización firmada por el proveedor de salud autorizando el uso de la medicación.

Firma del padre \_\_\_\_\_ Fecha \_\_\_\_\_

**Health Office Staff**

- The above student has demonstrated correct technique for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pretreatment with an inhaler prior to exercise.
- School staff that have the need to know about the student's condition and the need to carry medication have been notified.
- I will review the medication authorization provided by the parent and signed by the health care provider.

Nurse Consultant's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_