



## HOPE Academy

2025/2026

### CONTRACT FOR STUDENTS SELF CARRYING/ ADMINISTERING ASTHMA INHALER WITH THEM WHILE AT SCHOOL

#### STUDENT

- I will keep my Asthma Inhaler with me at school at all times.
- I agree to use my Asthma Inhaler in a responsible manner, only as directed by my doctor/nurse practitioner.
- I will notify the school health office immediately if my Asthma Inhaler has been used. • If I lose my Asthma Inhaler I will notify Office Staff at school and he/she will notify my parents. • I will not allow any other person to use my Asthma Inhaler.

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

#### PARENT/GUARDIAN

This contract is in effect for the current school year unless *revoked by the physician/school nurse if the student fails to meet the above safety contingencies.*

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.
- It has been recommended to me that a back-up Asthma Inhaler be provided to the Health Office for emergencies.
- I will review the status of the student's allergy with the student on a regular basis as agreed in the treatment plan.
- I understand that I have the option to withdraw my permission for my student to carry their Asthma Inhaler and self administration.

Parent'/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permission Revoked: \_\_\_\_\_ Signature/Date :

\_\_\_\_\_

**The above student has demonstrated correct techniques for Asthma Inhaler use, an understanding of the physician order for emergency use of the Asthma Inhaler**

- **The school staff that have the need to know about the student's condition and the need to carry medication have been notified.**

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

**Permission Revoked:**

\_\_\_\_\_ **School Nurse's**

**Signature/ Date:** \_\_\_\_\_

**Reason Revoked:** \_\_\_\_\_