

**STAFFORD COUNTY PUBLIC SCHOOLS HEALTH SERVICES**

**ASTHMA INHALER CONTRACT**

**CONTRACT BETWEEN:** Student, Parent, Nurse, and Doctor for Permission to Carry Inhaler.

1. Student has current medication permission form on file at school signed by parent and health care provider.
2. Student has demonstrated to the nurse the correct use of inhaler
3. Student agrees to never share the inhaler with another person.
4. Middle/High school student agrees that after two puffs, if there is not marked improvement, he/she will go to see the nurse immediately.
5. Elementary students will report to the nurse whenever the inhaler is used.

Student Signature \_\_\_\_\_

I give my permission for my child, \_\_\_\_\_, to carry the inhaler prescribed by his/her physician as written on the attached Stafford County Medication Permission Form. I understand that he/she must follow the rules listed above. I agree to provide a "Backup Inhaler," to be kept in the clinic. I will notify the school of any changes in medication or my child's condition.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

School Nurse Signature \_\_\_\_\_

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Teacher(s) Notified of asthma inhaler contract: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

"Backup" Inhaler \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Middle & High Schools attach class schedule)