

## SISTERS SCHOOL DISTRICT MEDICATION CONTRACT BETWEEN STUDENT, PARENT, AND NURSE

To obtain permission to carry inhalers for the treatment of asthma:

1. The student has demonstrated the correct use of the inhaler to the nurse
2. The student agrees never to share the inhaler with another person or misrepresent the medication to other students.
3. The student agrees that after use of the inhaler, if there is no marked improvement, the student will see the nurse immediately.

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

I give permission for my child

\_\_\_\_\_ to carry the inhaler described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in my child's medication or condition.

NAME OF MEDICATION DOSE/ROUTE FREQUENCY/USE

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

Date Started: \_\_\_\_\_