

Student Agreement

I agree to:

- use correct inhaler technique (demonstrate to nurse)
- not allow anyone else to use my medication
- maintain a written record of my medication administration at school (e.g. in my planner, notebook, etc.)
- keep a current supply of my medication located (e.g. purse, backpack, etc.) _____
- keep spare medication in the nurse's office
- check-in with the school nurse ___daily ___weekly ___ monthly ___ other : _____
(note what day of the week and time _____)
- notify the school nurse or _____ under the following circumstances;
_____ I need to take my quick-relief medication (albuterol) more often than 2 x a week during the day or more than 2 x a month at night
_____ I have asthma symptoms after exercise, sports or physical education class
_____ My symptoms don't go away or get worse after taking my medication
_____ I suspect that I am having side effects from my medication
_____ My peak flow reading or symptoms is/are in the yellow or red zone
_____ Other _____
- follow my health care provider's orders
- refill my prescriptions before they run out (or help remind my parent/guardian to do so)
- see my health care provider for preventive "Well Asthma Check-ups" at least twice a year
- call my health care provider if I am having symptoms that don't get better after a day or so

I know or will find out:

- who my health care provider is and how to contact her / him
- where my pharmacy is and how to contact

Signature of Student

Date

To Be Completed By Licensed School Nurse

- This student has demonstrated mastery related to his / her asthma medication and self-care skills.
- This student needs reinforcement of his/ her asthma medication and self-care skills.
- This student may self-carry and should check in with me as described above.
- _____

Signature of Licensed School Nurse

Date

NOTE: If the school nurse does not concur with the health care provider's instructions after assessing the competencies of the student, the school nurse will contact the health care provider to attempt to agree upon a plan. In the event agreement is not reached, the parents may refer the case to the Nursing Service Manager at _____ for resolution. Permission for the self-administration of medication may be suspended if the student is unable to maintain the procedural safeguards established in the above agreement. If there is disagreement related to this procedure, the case may be referred to the Nursing Service Manager for resolution.