

## Willoughby-Eastlake City Schools Self Carry Asthma Inhaler Agreement

### Student Information

<b>Student name</b>	<b>Grade/Classroom:</b>
<input type="checkbox"/> I plan to keep my asthma inhaler with me at school as my doctor or health provider ordered. Location of my asthma inhaler: _____	
<input type="checkbox"/> I agree to use my asthma inhaler in a responsible manner as ordered.	
<input type="checkbox"/> I will notify the school health office immediately if my asthma has been used.	
<input type="checkbox"/> I will never allow any other person to use my asthma inhaler.	
<b>Student signature</b>	<b>Date</b>

### Parent/Guardian

This contract is in effect for the current school year unless revoked by the physician or licensed health provider, or if my child fails to meet the above safety contingencies.	
<input type="checkbox"/> I agree to see that my child carries their medication as prescribed, that the asthma inhaler always contains medication that has not expired.	
<input type="checkbox"/> It has been recommended that it is best practice to have a "back-up" asthma inhaler available at the designated school health clinic or office for emergencies.	
<input type="checkbox"/> I will review the health status with my child's health care provider on a regular basis and notify the school if anything changes, including a parent/guardian emergency numbers.	
<b>Parent/Guardian signature</b>	<b>Date</b>
<b>Emergency contact number (Available at all times)</b>	

### Nurse at School and/or Designated School Personnel

<input type="checkbox"/> The student above has demonstrated correct technique for asthma inhaler use and understanding of the physician order for emergency use.	
<input type="checkbox"/> The physician has completed the appropriate medication authorization record to self carry.	
<input type="checkbox"/> School staff that has the need to know about the student's condition and the need to carry an asthma inhaler have been notified and trained according to ORC 3313.713.	
<b>Nurse Signature</b>	<b>Date</b>
<b>School Personnel</b>	<b>Date</b>
<b>School Administrator/Principal signature</b>	<b>Date</b>