DENVER PUBLIC SCHOOLS
DIVISION OF STUDENT SERVICES
NURSING SERVICES
2016-2017

CONTRACT FOR STUDENTS CARRYING/SELF ADMINISTER OF
INHALERS WITH THEM WHILE AT SCHOOL

STUDENT

• I will keep my rescue inhaler with me at school at all times.
• I agree to use my rescue inhaler in a responsible manner, only as directed by my
doctor/nurse practitioner.
• I will notify the school health office if I am having more difficulty than usual with my
asthma.
• If I lose my inhaler, I will notify _________ at school and he/she will notify my
parent/guardian.
• I will not allow any other person to use my rescue 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 student 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 rescue inhaler be provided to the Health
Office for emergencies.
• I will review the status of the student’s asthma 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 inhaler and self-administer.

Parent/ Guardian Signature: ___________________________ Date: ________________
Permission revoked: ___________________________ Signature/Date: ________________

SCHOOL NURSE

• The above student has demonstrated correct techniques for inhaler use, an understanding
of the physician order for time and dosages, and an understanding of the concept of
pretreatment with an inhaler prior to exercise.
• 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: ____________________________________________________

5/2016