



INHALER SELF-CARRY AGREEMENT

Student: _____ **Grade:** _____

School: _____ **Date:** _____

I would like to keep my asthma inhaler with me during school hours and I agree to the following:

- I will have a current pharmacy label on the inhaler itself.
- I will keep my inhaler with me at all times so that I will have it when I need it, and so that other students will not have access to it.
- I will be responsible for bringing medication on field trips and drills.
- I will not share my inhaler with other students.
- I will be responsible for safekeeping of the inhaler.
- I understand how to use my inhaler and will use it only as directed. ● If using my inhaler does not relieve my asthma symptoms, I will tell the school nurse or another adult if the school nurse isn't present.
- I can also keep another inhaler in the nurse's office in case mine is not working.
- I understand how to properly store my inhaler and understand that extreme temperatures may damage the medication making it ineffective.
- I will monitor the inhaler's expiration date and make sure it is not expired.

Special
Instructions: _____

Student _____ **Date** _____

**Parent/
Guardian** _____ **Date** _____

School Nurse _____ **Date** _____