

**Self-Administration of Asthma Inhaler
Student Agreement**

Name: _____

Grade: _____

Inhaled Medication: _____

Date: _____

I agree to:

- Follow my prescribing health professional's medication order.
- Use correct medication administration technique.
- Not allow anyone else to use my medication under any circumstances.
- Keep the medication with me in school and on field trips.
- Inform the school nurse of the time and reason for taking the inhaler.
- Notify (or have someone else notify) the school nurse immediately if the following occurs:
 - My symptoms continue to get worse after taking the medication.
 - My symptoms reoccur within 2-3 hours after taking the medication.
 - I think I might be experiencing side effects from my medication.
 - Other _____
- I understand that permission for self-administration of medication may be discontinued if am unable to follow the safeguards established above.

Signature of Student

Date

Signature of Parent/Guardian/Relative Caregiver

Date

- ☐ Student verbalizes dose _____
- ☐ Student demonstrates proper technique
- Removes cap and shake if applicable
 - Attaches spacer if applicable
 - Breathes out slowly
 - Presses down inhaler to release medication
 - Breathes in slowly
 - Holds breath for 10 seconds
 - Repeats as directed
- ☐ Student verbalizes safe use
- ☐ Student verbalizes symptoms/signs of when medication is needed & when to notify school nurse
- ☐ Parent permission to self-administer

The student has demonstrated knowledge about the proper use of his/her medication and necessary permissions (parent and licensed healthcare provider) are on file.

Signature of School Nurse

Date

Revised from American Lung Association 2012