



CONCORD

CHRISTIAN SCHOOL

Contract for Students Carrying an Inhaler

Student Name: _____ Grade: _____

Student

- I plan to keep my rescue inhaler in my possession at school rather than in the school office.
- I agree to use my rescue inhaler in a responsible manner, in accordance with my physician's orders.
- I will notify the school office immediately if I am having more difficulty than usual with my asthma.
- I will NOT allow any other person to use my inhaler.

Student signature: _____ Date: _____

Physician

- The above-mentioned student has been diagnosed with asthma.
- The above-mentioned student has demonstrated correct technique for inhaler use, an understanding of the physician's orders pertaining to its use, and an understanding of the concept of pre-treatment with an inhaler prior to exercise and is capable of self-administration.

Name & purpose of medication: _____

Prescribed dose: _____

Time to be administered and/or circumstances which it can be administered: _____

Physician's signature: _____ Date: _____

Inspiring students to follow Jesus by equipping them to serve, lead, and transform their world.

Parent/Guardian

- I agree to see that my child carries their inhaler as prescribed, that the device contains medication, and that medication has not expired.
- It has been recommended to me that a back-up rescue inhaler be provided to the School Office for emergencies.
- I will review the status of my child's asthma with them on a regular basis.
- I will accept full responsibility for allowing my child to carry a rescue inhaler.

This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above-mentioned guidelines. The school may suspend or revoke the student's possession and self-administration privileges if the student misuses the inhaler or any other person uses their inhaler.

I, _____, acknowledge that the school and its employees and agents shall incur no liability as a result of injury sustained by the above-mentioned student or any other person from possession or self-administration of the inhaler. I, the parent/guardian, shall indemnify and hold harmless the school, Concord Christian School, its parent company, First Baptist Concord, and its employees against any claims relating to the possession or self-administration of the inhaler.

My child has received the appropriate training and agrees to abide by the guidelines for administration and carrying a metered dose inhaler on their person.

Parent/Guardian signature: _____

Date: _____