

**SOUTH VERMILLION PERMISSION TO CARRY ASTHMA INHALER CONTRACT  
(SVMS and SVHS students only)**

**Please complete this form and return to your school nurse/health assistant, if you would like your child to carry their inhaler while at school. An Authorization to Dispense Medication Form will need to be signed by a parent/guardian and physician in conjunction with this contract.**

**Student:**

1. I agree to carry and keep possession of my asthma inhaler, \_\_\_\_\_(medication name). This medication is for my personal use, and I will only use it as directed by my doctor.
2. I have been instructed on how to use my inhaler.
3. I will not share my inhaler with any other person.
4. I will alert my school's health service representative or one of my teachers/principals when I have used my inhaler.
5. I will tell the health service representative or my teacher/principal, if my medicine did not make my asthma symptoms better.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Parent/Guardian:**

1. I confirm that \_\_\_\_\_(student's name) has been instructed on how and when to properly use their inhaler.
2. The student listed above has my permission to carry their inhaler on their person or to keep the inhaler in their classroom, book bag, or locker.
3. I agree my child is competent and able to self-medicate at school.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Physician:**

1. I agree that \_\_\_\_\_ (patient's name) has been instructed on when and how to appropriately use their inhaler, as prescribed.
2. I agree that the patient listed above has the ability to carry their inhaler with them and can safely self-administer their inhaled medication.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date