

**North County Christian School**  
**845 Dunn Road**  
**Florissant, MO 63031**  
**314-972-6227**

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**PERMISSION TO CARRY INHALER(S)**

**CONTRACT BETWEEN STUDENT, PARENT, SCHOOL OFFICIAL AND DOCTOR**

Qualified students will be allowed to carry their inhaler(s) on their person while in school. The advantage is that it is immediately accessible. **A spare inhaler provided by the parent will be kept for them in the Secondary office should they forget theirs or run out.**

**For permission to carry inhaler(s):**

1. Student has demonstrated to the nurse correct use of inhaler.
2. Student agrees to never share the inhaler with another person.
3. Student agrees that after two puffs, if there is not marked improvement he/she will go to the office immediately.

Student signature \_\_\_\_\_

I give permission for my student to carry the inhaler(s) described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my student's condition.

**NAME OF MEDICATION DOSE FREQUENCY OF USE**

\_\_\_\_\_

Parent's signature Date \_\_\_\_\_

School personnel signature Date \_\_\_\_\_

Doctor's signature Date \_\_\_\_\_