

Wirt County Schools Health Services
P.O. Box 699
Elizabeth, WV 26143

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Contract/Procedure for Self-Administration of Asthma Inhaler

Medication must be administered following Wirt County Board of Education Medication Policy.
Inhaler must be labeled with student name and dosage instructions.

PART I: TO BE COMPLETED BY LICENSED PRESCRIBER

CONFIDENTIAL

Student Name _____
Last First Middle

Birth Date _____ School _____

Medication Name _____

Diagnosis _____

Dosage _____ Time _____

Asthma triggers, environmental/activity restrictions _____

Comments (i.e. side effects, adverse reactions) _____

Name and Title of Licensed Prescriber (PRINT) _____

Phone _____ FAX _____

Signature of Licensed Prescriber _____ Date _____

PART II: TO BE COMPLETED BY PARENT/GUARDIAN

Parental Agreement: My child will be responsible for carrying this respiratory inhaler and will self-administer at school. My child agrees to follow Wirt County Board of Education Medication Policy concerning the handling and self-administration of this medication. The Wirt County Board of Education and its employees are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of the asthma inhaler. It is the responsibility of the PARENT/GUARDIAN to ensure the student brings a current inhaler to school each day.

Parent/Guardian Name (PRINT) _____

Parent/Guardian Phone (Home) _____ (Work) _____ (Cell) _____

Parent/Guardian Signature _____ Date _____

PART III: TO BE COMPLETED BY SCHOOL NURSE

Student must:

- ☐ Demonstrate correct use of inhaler.
- ☐ Acknowledge proper timing for inhaler use and be proficient telling time.
- ☐ Agree not to share or allow others to use their inhaler.
- ☐ Keep inhaler with belongings where it is not accessible to other students.
- ☐ Agree to inform teacher/staff member if inhaler is used and come directly to the office accompanied by another responsible person, if continuing to have difficulty breathing, wheezing, or experiencing chest discomfort after using the inhaler

____ The student does demonstrate the above specified responsibilities and the privilege of carrying and self-administering the inhaler will be allowed.

____ The student does NOT demonstrate the above specified responsibilities and the privilege of carrying and self-administering the inhaler will NOT be allowed. Reason for denial on back.

Signature of Student _____ Date _____

Signature of School Nurse _____ Date _____