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

08/2015