

Sample Asthma Self-Carry Contract

Student

Date of Birth

School Year

- I agree to always keep my rescue inhaler with me
- I will use my inhaler as directed, responsibly
- I will not allow anyone else to use it
- I will ask for help, and notify the health office if I am having difficulty with my asthma

Student Signature _____ Date _____

- I agree to supply my child with prescribed medication, unexpired
- I understand it is recommended to provide health office medication for emergencies
- I have reviewed, and will continue to review the asthma action plan
- I will provide a signed medication authorization form for medication provided
- The school nurse may provide information to school staff that need to know about my child's asthma and rescue medication for safety

Parent/Guardian _____ Signature _____ Date _____

- [American Lung Association Questionnaire: Assessing Student Readiness to Self-Carry](#)
[American Lung Association: Student Readiness Assessment Tool](#)
- The above student demonstrates correct rescue inhaler use
- The above student competently used teach back on how this medication works, what the symptoms of asthma are, and when to use this medication
- The above student verbalized when to ask for help, and identifies who to ask
- School staff who need to know will be notified and trained on the use of this medication

School Nurse _____ Signature _____ Date _____

Adapted utilizing https://www.cde.state.co.us/healthandwellness/snh_healthissues#asthma