

INTERVAL FOR REPEATING DOSAGE:

- If symptoms not relieved after initial dose: _____
- If symptoms reoccur before the next dose is due: _____

Possible and/or additional side effects of prescribed medications: _____

Additional Instructions: _____

SHOULD STUDENT CARRY HIS/HER ASTHMA MEDICATION? YES NO (circle one)

Healthcare Provider's Signature: _____ Date: _____

Healthcare Provider's Printed Name/Stamp _____

Phone #: _____

TO BE COMPLETED BY PARENT / GUARDIAN

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

My signature gives permission for the principal's designee to follow this plan, administer prescribed medication, and contact the healthcare provider if necessary. I also agree to pick up any unused medication at the end of the school year. I understand that medication not picked up by a parent/guardian at the end of the school year will be discarded.

Parent/Guardian Signature: _____ Date: _____

TO BE COMPLETED WITH CCA HEALTH OFFICE STAFF

Medication received by: _____ Date: _____

CCA Clinic Staff Signature

Medication picked up: _____ Date: _____

Parent / Guardian Signature

COVENANT CHRISTIAN ACADEMY

PARENT / STUDENT AGREEMENT FOR PERMISSION TO CARRY AN INHALER



Parent:

- I give my consent for my child to carry and self-administer his/her inhaler.
- I understand that the school board or its employees cannot be held responsible for negative outcomes resulting from self-administration of the inhaled asthma medication.
- This permission to possess and self-administer asthma medication may be revoked by the principal or CCA Clinic staff if it is determined that my child is not safely and effectively self-administering the medication.
- A new Asthma Action Plan signed by the physician and Parent/Student Agreement for Permission to Carry an Inhaler must be submitted each school year.

Parent/Guardian's Signature Required

Date

Student:

- I have demonstrated the correct use of the inhaler to the school's Clinic staff.
- I agree never to share my inhaler with another person or use it in an unsafe manner.
- I agree that I will notify a member of the school clinic staff (or another appropriate adult if the school clinic staff are not available or present) if I have self-administered my medication via inhaler.

Student's Signature Required

Date