



# St. Anne's Episcopal School

211 Silver Lake Road  
Middletown, DE 19709

## Permission to Carry Quick Relief Inhaler

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### ASTHMA HISTORY

Describe type of symptoms (wheezing, coughing, tightness, other): \_\_\_\_\_

What are common triggers that precipitate an attack? \_\_\_\_\_

What usually helps if an attack occurs? \_\_\_\_\_

What is child's current best peak flow? \_\_\_\_\_

Has student been taken to an emergency facility in the past 12 months? \_\_\_\_\_

Additional information/instructions: \_\_\_\_\_

### CONTRACT BETWEEN STUDENT, PARENT AND NURSE

1. Student has demonstrated to the doctor or school nurse the correct use of inhaler.
2. Student agrees to bring in prescription labeled inhaler to be checked by the nurse for correct name and expiration date.
3. Student agrees to never SHARE inhaler with another person.
4. Student agrees that after 2 puffs, if there is not a marked improvement, he/she will go to see the school nurse immediately.
5. Student agrees to be responsible for location of inhaler (coach) for away athletic games or after school practices.
6. Student agrees that if inhaler is lost they will notify parent and school nurse as soon as possible.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

I give permission for my child \_\_\_\_\_ to care the inhaler described below. I understand that he/she must follow the rules above. I am aware that it is recommended that a second emergency inhaler can be kept in the school nurse's office. I will notify the school of any changes in medication or my child's condition. I accept full responsibility for his/her actions.

Name of Medication

Dose

Frequency of Use

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date \_\_\_\_\_