

CHECK IN FOR STUDENTS CARRYING INHALERS WITH THEM WHILE AT SCHOOL



Student:

School/Grade:

STUDENT

- I plan to keep my rescue inhaler with me at school rather than in the school health office.
- I agree to use my rescue inhaler in a responsible manner, in accordance with my Healthcare provider's orders.
- I will notify the school health office if I am having more difficulty than usual with my asthma.
- I will not allow any other person to use my inhaler.

Student's Signature _____ Date _____

SCHOOL NURSE

- The above student has demonstrated correct technique for inhaler use, an understanding of the Healthcare Provider order for time and dosages, and an understanding of the concept of pretreatment with an inhaler prior to exercise.
- School staff that have the need to know about the student's condition and the need to carry medication have been notified.

Registered Nurse's Signature _____ Date _____

Comments:

STUDENT

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Registered Nurse's Signature _____ Date _____

Comments: