

Self-Administration of Inhaler Medication

Student Agreement

Name: _____ Grade: _____

Inhaled Medication: _____ Date: _____

I agree to:

- ☐ Follow my prescribing health professional's medication orders.
- ☐ Use correct medication administration technique.
- ☐ Make a note of when I use medication at school.
- ☐ Not allow anyone else to use my medication under any circumstances.
- ☐ Keep a supply of my medication with me in school and on eld trips.
- ☐ Notify the school nurse or school health paraprofessional if the following occurs:
 - My symptoms continue or 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 I am unable to follow the safeguards established above.

Signature of Student

Date

- ☐ Verbalizes Dose _____
- ☐ Verbalizes Asthma Episode Symptoms
- ☐ 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.
- ☐ Verbalizes Safe Use of Inhaler

The student has demonstrated knowledge about and proper use of his/her inhaler.

Signature of Nurse

Date