

# Request to Self-Administer and Carry Medication and/or Inhaler

Contract between Physician, Parent, Student and School Nurse



This is a request that \_\_\_\_\_ be permitted to carry the prescribed medication and/or inhaler as described below. He/She has been instructed and understands the purpose, appropriate method and frequency of use for the prescribed medication and/or inhaler. If no improvement is noted following self-administration of the medication and/or inhaler, the school nurse will be notified immediately.

Student's Name \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_

Address \_\_\_\_\_ D.O.B. \_\_\_\_\_

## NAME OF MEDICATION AND/OR INHALER

## DOSE

## FREQUENCY OF USE

_____	_____	_____
_____	_____	_____
_____	_____	_____

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Provider

\_\_\_\_\_  
Printed Name of Medical Provider

\_\_\_\_\_  
Phone Number

Please allow \_\_\_\_\_ to carry the medication and/or inhaler as ordered above. We absolve the school of any responsibility in safeguarding the use of our child's medication and/or inhaler.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone Number

1. I understand how to correctly use my medication and/or inhaler.
2. I will not share the medication and/or inhaler with another person.
3. After the medication and/or inhaler has been used, if there is no noted improvement, I will go to the nurse immediately.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Student