

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 field trips.
- Notify the school nurse or school health paraprofessional if the following occurs:
 - My symptoms continue or get worse after taking 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

Verbalize 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