



Chapel Hill
A C A D E M Y

STUDENT AGREEMENT TO CARRY INHALER

1. Student has demonstrated the correct use of inhaler to the health care provider and school health personnel.
2. Student agrees to never share the inhaler with another person.
3. Student agrees that if there is not marked improvement after two puffs, he/she will notify a teacher or other responsible adult who will seek further medical intervention as outline in the student's Asthma Management Plan.

Student Signature: _____ Date: _____

PARENTAL PERMISSION

I give permission for my child _____ to carry the inhaler described below. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

| NAME OF MEDICATION | DOSE | FREQUENCY OF USE |
|--------------------|------|------------------|
| | | |
| | | |

Parent/Guardian Signature _____ Date: _____