Asthma Self Carry Contract

In accordance with the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act" this student has permission to carry and self-administer their asthma medication for the current school year.
https://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/coloradoschoolchildren.pdf

School/Child Care: _____ School Year/Date: _____

STUDENT/CHILD: _____ Birthdate: _____ Grade/Classroom: _____

☐ I will keep my rescue inhaler with me at school/child care and will follow my doctor's instructions.
☐ I will use my rescue inhaler safely at school/child care and any school/child care sponsored events.
☐ If I have asthma difficulty I will tell school/child care staff or I will go to the school health office.
☐ I will not allow any other person to use my inhaler.
☐ If I don't use my medicine safely, I may lose my privilege.

Student's Signature _____Date _____

PARENT/GUARDIAN: _____

This contract is in effect for the current school year unless revoked by the provider or student fails to meet the above safety contingencies.

☐ I agree to make sure that my child carries his/her asthma medication.
☐ I will see my child carries the prescribed medication. The device will contain medication, the medication won't be expired and the medication will have my child's name on it.
☐ I have been told to keep an extra rescue inhaler in the Health Office or _____.
☐ I know school/child care staff may review this contract with me if my child doesn't follow doctor orders or doesn't follow agreement.
☐ I will provide a doctor signed medication authorization to the school.

Parent's Signature _____Date _____

Child Care Health Consultant/School Nurse: _____

☐ The above child has demonstrated correct technique for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pre-treatment with an inhaler prior to exercise.
☐ I have notified the appropriate staff that need to know of the child's health condition and have advised them of the child's authorization to carry and self-administer their asthma medication.
☐ I have verified that all appropriate paperwork has been completed and the school nurse/child care health consultant has determined that this child has the skill level necessary to carry and self-administer their asthma medication at school/child carl and school/child care sponsored activities.

Child Care Health Consultant/School Nurse signature _____Date _____