

**CONTRACT FOR STUDENTS KEEPING INHALERS
WITH THEM WHILE AT SCHOOL**

I plan to keep my inhaler with me at school rather than in the school health office.

I agree to use my inhaler in a responsible manner, in accordance with my physician's orders

I will notify the school office if I am having any difficulty with my asthma.

I will not allow any other person to use my inhaler.

I/We understand that monitoring the need, use, effects and possible adverse reactions of this medication remains our responsibility and therefore release Cedar Bluffs Public Schools and its employees from all liability relating to the dispensation of this medication.

Student's Signature_____

Date_____

Parent's Signature_____

Date_____

Principal's Signature_____

Date_____

