



**Canton City School District
Health Services
Asthma Inhaler Self Carry Agreement**

Student Name _____ DOB _____
School _____ Grade _____ Teacher _____
Allergies _____

The Canton City School District reserves the right at any time to refuse or remove the student privilege of self-carrying a student asthma inhaler due to age and maturity level, misuse, or suspicious behavior related to the safety of medication with regard to self and others.

PARENT/GUARDIAN STUDENT SELF CARRY AGREEMENT

- I AGREE that my child will carry and use their medication as prescribed, that the asthma inhaler will always contain medication that is not expired.
Location of inhaler when my child is carrying it at school: _____
(REQUIRED)
- My child understands when and how to use an asthma inhaler appropriately.
- I have been notified that I am permitted to keep a "backup" asthma inhaler, available at the designated school health clinic for emergencies if I choose to have one.
- I understand that my child will keep their inhaler on themselves only, not share it with any other person under any circumstance.
- I AGREE to notify the school immediately if the inhaler is lost or is used. My child will notify a school staff member when he/she/they use their inhaler.
- I AGREE that my child will contain the inhaler at all times in a responsible manner without misuse or the school may reserve the right to place the inhaler in the clinic in a locked area, and notify me.
- I have discussed with and my child understands that they must notify an adult staff member immediately to come to the clinic if he/she/they continue to have difficulty with breathing, wheezing, or they are experiencing chest tightness or other asthma symptoms that will not resolve after using their inhaler.
- The above information has been discussed with my child and he/she/they agree(s) to the above information.

Parent/Guardian Signature _____ Date _____