

CONTRACT FOR STUDENTS CARRYING INHALERS WITH THEM WHILE AT SCHOOL

STUDENT

- I plan to keep my rescue inhaler with me at CAMP rather than in the camp office or with my camp counselor.
- I agree to use my rescue inhaler in a responsible manner, in accordance with my physician's orders.
- I will notify the KAC health office or my counselor if I am having more difficulty than usual with my asthma.
- I will not allow any other person to use my inhaler.

Student's Signature _____ Date _____

PARENT/GUARDIAN

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

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and the date is current.
- It has been recommended to me that a back-up rescue inhaler be provided to the Kids' Adventure Club Office for emergencies.
- I will review the status of the student's asthma with the student on a regular basis as agreed in the treatment plan.

Parent's Signature _____ Date _____

PHYSICIAN

- The above student 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.
- Kids' Adventure Club staff that has the need to know about the student's condition and the need to carry medication has been notified.

Registered Nurse's Signature _____ Date _____