AMERICAN LUNG ASSOCIATION®

Self-Administration of Inhaler Medication

Student Agreement

Name: _____ Grade: _____

Inhaled Medication: _____ Date: _____

I agree to:

- Follow my prescribing health professional's medication orders.
- Use correct medication administration technique.
- Make a note of when I use medication at school.
- Not allow anyone else to use my medication under any circumstances.
- Keep a supply of my medication with me in school and on field trips.
- Notify the school nurse or school health paraprofessional if the following occurs:
  - My symptoms continue or get worse after taking the medication.
  - My symptoms reoccur within 2-3 hours after taking the medication.
  - I think I might be experiencing side effects from my medication.
  - Other _____
- I understand that permission for self-administration of medication may be discontinued if I am unable to follow the safeguards established above.

_____ _____

Signature of Student Date

❑ Verbalizes Dose _____

❑ Verbalizes Asthma Episode Symptoms

❑ Demonstrates Proper Technique

- removes cap and shake if applicable
- attaches spacer if applicable
- breathes out slowly
- presses down inhaler to release medication
- breathes in slowly
- holds breath for 10 seconds
- repeats as directed.

❑ Verbalizes Safe Use of Inhaler

The student has demonstrated knowledge about and proper use of his/her inhaler.

_____ _____

Signature of Nurse Date