

**Itasca School District #10**  
**Student Contract for Use of Metered Dose Inhalers (MDI)**

Prior to being allowed to carry a MDI for use at school, parent will have physician complete the medication authorization form and will complete the parent portion of the form and return to the school nurse. The parent will provide the student with the inhaler ordered by the physician to self-carry and use.

The parent must also provide the inhaler prescribed by the physician to be kept in the health office as a back up.

The student and parent will meet with the school nurse or the support nurse to review and demonstrate the following:

- Expected peak flow rate and calculated green, yellow, and red zones.
- Proper peak flow technique.
- Knowledge of student's symptoms and identified triggers.
- Correct inhaler (used with a spacer if possible) technique.
- Knowledge of how to access help if self- medication is not successful.

When the above criteria are met, both the student and parent will sign and date the contract below.

**If the student does not demonstrate appropriate use of the MDI, the privilege of carrying the MDI will be revoked, and student will report to the health office to obtain the medication.**

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Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Type of MDI \_\_\_\_\_

Frequency of use \_\_\_\_\_

I have demonstrated that I know how to use this medication properly. I agree to use this medicine exactly as it has been ordered, and I will not share this medicine with any one. I will keep this medication in my possession at all times, either in my locker or in my backpack.

I understand that if I am not responsible in my use of this medicine, I will not be allowed to carry the medication. I will then use the medication only in the nurse's office.

If I use the inhaler for breathing trouble and do not feel better, I will report to the nurse right away so she can determine if there is a need for medical evaluation.

Student Signature	Date
Parent Signature	Date
School Nurse Signature	Date