



5320 Babcock Street NE  
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## ASTHMA INHALER POLICY

**Student Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Dose:** \_\_\_\_\_

**Frequency of Use:** \_\_\_\_\_

There are a significant number of students in school who require the use of an inhaler during school hours. In order to provide the proper care for your child and keep within Diocesan rules, please choose one of the Options below and complete the blanks. Please return this form to your child's teacher or the school office.

### **Option #1**

My child will come to the Clinic where the inhaler will be kept under lock and key. The medication will be administered properly, under adult supervision, in the correct dosage, and a record will be kept. My child may come to the Clinic when a preventative dose is needed – i.e., before P.E., at recess. I understand that all medication to be administered at school must be brought to the School Office, in the "original" container. I will pick up and complete a Medication Permission Form in the office when I drop off the inhaler.

### **Option #2**

#### **INHALER CONTRACT FOR OPTION #2**

My child is permitted to carry the inhaler listed on his/her person so that it is immediately accessible whenever needed. I understand that all medication must be brought to School in the "original" container. I understand that he/she must follow the rules set out below. I will notify the school of any change in my child's medication or condition. I have read and signed the **contract** below.

1. My child has demonstrated correct use of the inhaler.
2. My child agrees to never share the inhaler with another.
3. My child knows and accepts that after two puffs, if there is not marked improvement, he/she will go directly to the Clinic.

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_

**CHILD'S SIGNATURE:** \_\_\_\_\_