



Twin Falls School District  
Support Services  
301 Main Ave. West  
Twin Falls, ID 83301  
733-8456

## ASTHMA INHALER AGREEMENT

Date: \_\_\_\_\_ School: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

I would like to keep my asthma inhaler with me during school hours and I agree to the following:

- I will have a current pharmacy label on the inhaler itself.
- I will keep my inhaler with me at all times so that I will have it when I need it and so that other students will not have access to it.
- I will not share my inhaler with other students.
- I will be responsible for its safekeeping.
- I understand how to use my inhaler and will use it only as directed.
- If using my inhaler does not relieve my asthma symptoms, I will tell the school nurse or another adult if the school nurse is not present.
- I can also keep an extra inhaler in the sick room or school office.
- I may have to keep my inhaler in the sick room or school office if keeping it with me is not working.

Special Instructions: \_\_\_\_\_

---

Signatures:

Student \_\_\_\_\_ Date \_\_\_\_\_

Parent \_\_\_\_\_ Date \_\_\_\_\_

School Nurse \_\_\_\_\_ Date \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Date \_\_\_\_\_

(if indicated)