

**Burrell School District  
Health Services Department**

**Asthma Inhaler Possession Agreement**

I understand that carrying an inhaler requires the following responsibilities:

- Family provides appropriate documents according to the Burrell School District Medication Guidelines, including the prescriber's statement that the child is qualified and able to self-administer the medication.
- Student demonstrates proper technique of inhaler use to the school nurse.
- Student will notify the school nurse immediately following each use of the inhaler. The student must inform the school nurse if symptoms do not improve.
- Student is responsible for carrying the inhaler so it is available at all times.
- Administration of the medication at the proper times is the responsibility of the student. The school entity bears no responsibility for ensuring that the medication is taken.

I hereby release the Burrell School District and all of its employees from any and all responsibility for the benefits or consequences of the prescribed medication our child may sustain as a result of this request. I understand that my child's school nurse will contact the physician for clarification of instructions as needed. I acknowledge that the school bears no responsibility for insuring that medication is taken. This privilege will be revoked if school policies are abused or ignored.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date