



Asthma Self-Carry Contract

(for students carrying inhalers with them while at camp or training)

Student Information:

Child's Name: _____ Nickname: _____ Date of Birth: ____ / ____ / ____
Last First

Student

- ☐ I plan to keep my rescue inhaler with me at camp/training rather than at the Front Desk.
- ☐ I agree to use my rescue inhaler in a responsible manner, in accordance with my physician's orders.
- ☐ I will notify the camp staff/coaches if I am having more difficulty than usual with my asthma.
- ☐ I will not allow any other person to use my inhaler.

Student's Signature: _____ Date: ____ / ____ / ____

Parent/Guardian

This contract is in effect for the current school year unless revoked by the physician or the student fails to meet the above safety contingencies.

- ☐ I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and that the medication has not expired.
- ☐ It has been recommended to me that a back-up rescue inhaler be provided to the Front Desk for emergencies.
- ☐ I will review the status of the student's asthma with the student on a regular basis as agreed in the care plan.

Parent/Guardian's Signature: _____ Date: ____ / ____ / ____

Camp Director/Coach

- ☐ The above student has demonstrated correct technique for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pre-treatment with an inhaler prior to exercise.
- ☐ Camp staff/coaches and other gym staff that have the need to know about the student's condition and the need to carry medication have been notified.

Director/Coach's Signature: _____ Date: ____ / ____ / ____