

**WINDHAM SCHOOL DISTRICT**  
**Windham, NH 03087**  
**GRADES 6-12**

**Permission to carry Inhaler and or EpiPen**  
**Contract between Student, Parent, Nurse and Physician**

So that we may provide the best care for your child, please complete the information below and return to the School Nurse. If any changed occur during the year, please notify the School Nurse.

All medications brought to school must be in their original pharmacy containers (labeled with the student's name). All medications administered at school require a physician's written order as well as written parental permission.

**OPTION #1**

The student comes to the health office where the inhaler and or EpiPen is kept, and uses it under supervision. The advantage is that the medication will be used correctly, in the proper amount, and that records will be kept. A number of students keep their inhalers in the health office and come before PE or as needed. Parent and physician **MUST** complete the reverse side of this form.

**OPTION #2**

Upon completion of the contract below, the student will be allowed to self-administer and carry his/hers inhaler and or EpiPen. The advantage being that the inhaler and or EpiPen is immediately available.

**RESPONSIBILITIES FOR SELF-ADMINISTRATION AND CARRING INHALER AND OR EPIPEN:**

- \_\_\_\_\_ 1. Student has demonstrated to the nurse and physician the correct use of the inhaler and or EpiPen.
- \_\_\_\_\_ 2. Student understands responsible use of the inhaler and or EpiPen and recognizes proper and prescribed timing for use.
- \_\_\_\_\_ 3. Student agrees that if after 2 puffs there is no marked improvement, he/she will see the nurse immediately.
- \_\_\_\_\_ 4. Student agrees that if after self-administration of EpiPen they will notify the nearest adult and immediately notify the school nurse.
- \_\_\_\_\_ 5. Parent will provide a second labeled medication to be kept in the health office for emergency use.
- \_\_\_\_\_ 6. Student agrees to never share the inhaler and or EpiPen with another person.
- \_\_\_\_\_ 7. Student agrees to follow this contract and agrees that failure to do so will lead to parent contact and development of a new plan.

Comments and added responsibilities: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Nurse Signature

\_\_\_\_\_  
Date

I request that my child be allowed to carry his/her inhaler and or EpiPen and be responsible for its proper storage and use. I will support my child to follow the above agreement and if he/she does not, I will be contacted and we will develop a new plan.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dose and Frequency of Use

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date