

STEGER PUBLIC SCHOOLS

District 194 • Cook and Will Counties
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Superintendent's Office

STUDENT AGREEMENT TO CARRY ASTHMA INHALER

1. Student has demonstrated the correct use of inhaler to the health care provider and school health personnel.
2. Student agrees to NEVER share the inhaler with another person.
3. Student agrees that if there is not marked improvement after two puffs, he/she will notify a teacher or other responsible adult who will seek further medical intervention.

Student's signature/date

I give permission for my child _____
to carry the inhaler described below. I understand that he/she must follow
the rules listed above. I will notify the school of changes in medication or
my child's condition.

Name of Medication

Dose

Frequency of Use

Parent/Guardian's signature/date