

**OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON**  
Parent/Student Agreement for Permission to Carry an Inhaler

(Physician must also sign that student should carry an inhaler at school on the Asthma Action Plan)

**Parent:**

- I give my consent for my child to carry and self-administer his/her inhaler.
- I understand that the school or its employees cannot be held responsible for negative outcomes resulting from self-administration of the inhaled asthma medication.
- This permission to possess and self-administer asthma medication may be revoked by the principal if it is determined that your child is not safely and effectively self-administering the medication.
- A new Asthma Action Plan signed by the physician and Parent/Student Agreement for Permission to Carry an Inhaler must be submitted each school year.

\_\_\_\_\_  
Parent/Guardian's Signature Required

\_\_\_\_\_  
Date

**Student:**

- I have demonstrated the correct use of the inhaler to the school nurse.
- I agree never to share my inhaler with another person or use it in an unsafe manner.
- I agree that if there is no improvement after self-administering the medication, I will report to the school nurse or another appropriate adult if the school nurse is not available or present.

\_\_\_\_\_  
Student's Signature Required

\_\_\_\_\_  
Date