



HUMBLE INDEPENDENT SCHOOL DISTRICT HEALTH SERVICES

PROCEDURE FOR STUDENT TO CARRY RESPIRATORY INHALER

To ensure the safety of all students, medication must be dispensed following the Humble ISD Medication Policy. All medication must remain in the clinic. Students may request permission to carry a respiratory inhaler during school hours. The procedure below must be followed.

Name _____ DOB _____

DOCTOR MUST COMPLETE THE FOLLOWING:

1. Physician's Documentation of Student with Asthma indicating ability to carry device. Medication Administration Request

PARENT MUST COMPLY WITH THE FOLLOWING:

1. Provide a second inhaler in the school clinic.
2. Read and agree with the school policy for carrying a respiratory inhaler (see attached).
3. Understand that the nurse will not be able to monitor the frequency of use of the inhaler when it is carried by the student.
4. Notify the school of any changes in Medical Care Plan.

I agree to the procedures in this document which allow my student to carry his/her respiratory inhaler during school hours.

Parent/Guardian Signature _____ Date _____

STUDENT MUST AGREE TO THE FOLLOWING:

1. To demonstrate correct use of the inhaler.
2. To demonstrate knowledge of proper dose and time of inhaler use.
3. To demonstrate knowledge of Asthma Emergency Plan.
4. To keep inhaler in personal belongings.
5. To use the inhaler in accordance with their Medical Care Plan.
6. To understand that the inhaler is for his/her own medical purposes and must not be shared with another student.
7. To notify teacher/adult if breathing difficulty continues after following prescribed treatment as indicated in Teacher Emergency Plan.

I agree to the procedures in this document, which allow me to carry my respiratory inhaler during school hours.

Student Signature _____ Date _____

NURSE IS RESPONSIBLE FOR THE FOLLOWING:

- _____ Physician order is complete and attached
- _____ Observing and agreeing that student can safely use and carry respiratory inhaler
- _____ Staffing with personnel who have regular contact with student has occurred
- _____ Student and staff are aware and have a copy of the Student Asthma Action Plan
- _____ Parent, student, and staff understand and are in agreement with above

Nurse Signature _____ Date _____

PRINCIPAL: I am aware of the above procedure.

Principal Signature _____ Date _____