Asthma Self Carry Contract

In accordance with the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act" this student has permission to carry and self-administer their asthma medication for the current school year.
https://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/coloradoschoolchildren.pdf

School/Child Care: _____ School Year/Date: _____

STUDENT/CHILD: _____ Birthdate: _____ Grade/Classroom: _____

☐ I will keep my rescue inhaler with me at school/child care and will follow my doctor's instructions.
☐ I will use my rescue inhaler safely at school/child care and any school/child care sponsored events.
☐ If I have asthma difficulty I will tell school/child care staff or I will go to the school health office.
☐ I will not allow any other person to use my inhaler.
☐ If I don't use my medicine safely, I may lose my privilege.

Student's Signature _____Date _____

PARENT/GUARDIAN: _____

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

☐ I agree to make sure that my child carries his/her asthma medication.
☐ I will see my child carries the prescribed medication. The device will contain medication, the medication won't be expired and the medication will have my child's name on it.
☐ I have been told to keep an extra rescue inhaler in the Health Office or _____.
☐ I know school/child care staff may review this contract with me if my child doesn't follow doctor orders or doesn't follow agreement.
☐ I will provide a doctor signed medication authorization to the school.

Parent's Signature _____Date _____

Child Care Health Consultant/School Nurse: _____

☐ The above child 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.
☐ I have notified the appropriate staff that need to know of the child's health condition and have advised them of the child's authorization to carry and self-administer their asthma medication.
☐ I have verified that all appropriate paperwork has been completed and the school nurse/child care health consultant has determined that this child has the skill level necessary to carry and self-administer their asthma medication at school/child carl and school/child care sponsored activities.

Child Care Health Consultant/School Nurse signature _____Date _____

Allergy Self Carry Contract

In accordance with the "Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act" this student has permission to carry their emergency medication for the current school year.
https://www.cde.state.co.us/sites/default/files/documents/healthandwellness/download/coloradoschoolchildren.pdf

School/Child Care: _____ School Year/Date: _____

STUDENT/CHILD: _____ Birthdate: _____ Grade/Classroom: _____

- ☐ I plan to keep my Epi-pen with me at school/child care rather than in the school health office/classroom.
- ☐ I will use my Epi-pen in a responsible manner, in accordance with my physician's orders.
- ☐ I will notify the school health/care staff immediately if my Epi-pen has been used.
- ☐ I will not allow any other person to use my Epi-pen.

Student's Signature _____Date _____

PARENT/GUARDIAN: _____

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

- ☐ I agree to see that my child carries his/her emergency medication as prescribed, that the device contains medication, and that the medication has not expired.
- ☐ I have been told to keep extra emergency medication in the Health Office or _____.
- ☐ I know school staff may review this contract with me if my child doesn't follow doctor orders or doesn't follow agreement.
- ☐ I will provide the school a signed medication authorization for this medication.

Parent/Guardian's Signature _____Date _____

Child Care Health Consultant/School Nurse: _____

- ☐ The above child has demonstrated correct technique for Epi-pen use, an understanding of the physician order for emergency use of the Epi-pen.
- ☐ School/child care staff that have the need to know about the child's condition and the need to carry their emergency medication have been notified.
- ☐ I will review the medication authorization provided by the parent and signed by the parent and Health Care Provider.

Child Care Health Consultant/School Nurse Signature _____Date _____