

**HOLLAND HALL  
HEALTH SERVICES  
(Contract to Self-Administer and Carry Asthma Inhaler 2011-2012)**

A. \_\_\_\_\_(Child's name) has been instructed in the proper use of the \_\_\_\_\_inhaler. We, \_\_\_\_\_(Physician) and \_\_\_\_\_(Parent/Legal Guardian), request that \_\_\_\_\_(Child's name) be permitted to carry the medication on his/her person or to keep it in his/her locker or PE locker, as we consider him/her responsible. He/She has been instructed in and understands the purpose and appropriate method and frequency of use of this medication.

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

B. I understand this contract is governed by Holland Hall's "Guidelines on Self-Administration of Medication" and is in accordance with the provisions of Section 116.2 of title 70 of the Oklahoma Statutes. I acknowledge that I may receive a copy of these documents upon request.

Most importantly, I have instructed my child to inform school personnel if symptoms persist following the initial use of the inhaler, so additional emergency care may be obtained. Moreover, I have been advised to keep a back-up inhaler for my child in the appropriate Division office.

I, the undersigned, acknowledge that Holland Hall and its employees shall incur no liability as a result of any injury arising from the self-administration of medication by my child.

\_\_\_\_\_  
Parent/Legal Guardian's signature

\_\_\_\_\_  
Date

C. I understand the proper use and frequency of my inhaler and I agree to seek help when needed. I also agree to follow the self-administration guidelines and to **not share** my inhaler.

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Date

\*Please return or fax this document to: L. Christensen, RN 879-4798