

Spring Branch Independent School District  
**HEALTH SERVICES**  
Physician's Statement for Student Held Inhaler

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

It is necessary that the following medication be administered during school hours as specified in order to maintain this child's physical health and support school performance. I agree to the terms of the contract listed below:

**NAME OF MEDICATION** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_

**TIME** \_\_\_\_\_ **FREQUENCY OF USE** \_\_\_\_\_

Condition for which medication is prescribed \_\_\_\_\_

Medication may cause \_\_\_\_\_

Emergency Instructions \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's Signature (Original)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Date

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**Contract for Special Use – Inhaler**

The student listed above may carry his/her inhaler according to the physician/parent statements if he/she is in compliance with the conditions listed below:

- The student has demonstrated to the nurse/nurse assistant the correct use of the inhaler
- The student agrees to never share the inhaler with another person
- The student agrees that after taking the initial dose prescribed, and if there is not marked improvement, he/she will go immediately to the health room.
- The student agrees to keep scheduled monthly appointments with the nurse/nurse assistant to review status

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

I hereby grant permission for my child to carry the inhaler described above. I understand that he/she must follow the rules listed and I will notify the school of changes in my child's medication and/or condition. If necessary, I also grant permission for the school nurse or other school personnel to administer medication to my child according to the physician's statement above.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

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Medication must be prescribed by a licensed physician and appropriately labeled in the original container by the pharmacy or physician.