

**CONTRACT FOR CAMPER'S CARRYING INHALERS WITH THEM WHILE AT CAMP
(Self Care Contract)**

CAMPER

- I plan to keep my rescue inhaler with me at camp rather than with a staff person.
- I agree to use my rescue inhaler in a responsible manner, in accordance with my physician's orders.
- I will notify a staff person if I am having more difficulty than usual with my asthma.
- I will not allow any other person to use my inhaler.

Camper's Signature _____ Date _____

PARENT/GUARDIAN

This contract is in effect for the current summer unless revoked by the physician or the camper fails to meet the above safety contingencies.

- I agree to see that my child carries his/her medication as prescribed, that the device contains medication, and the date is current.
- I will review the status of my child's asthma with them on a regular basis as agreed in the treatment plan.

Parent's Signature _____ Date _____

NURSE

- The above camper has demonstrated correct technique for inhaler use, an understanding of the physician order for time and dosages, and an understanding of the concept of pretreatment with an inhaler prior to exercise.
- Camp staff that have the need to know about the camper's condition and the need to carry medication have been notified.

Registered Nurse's Signature _____ Date _____