

DEER PARK INDEPENDENT SCHOOL DISTRICT

SELF-ADMINISTERED EMERGENCY ASTHMA MEDICATION PERMISSION

With the permission of the principal, a student may be allowed to carry and self-administer his/her emergency asthma medication. This practice is not encouraged as lost or improperly administered emergency asthma medication is a risk to all students. The criteria for permitting a student to carry and self-administer emergency asthma medication are as follows:

1. Parent and prescribing physician must complete and sign this form. **This form will need to be updated in the event of a change in the type of emergency asthma medication or dosage. The prescribing physician and parent will need to complete a new form at the beginning of each new school year.**
2. The student must be instructed in the procedure of self-administration by the prescribing physician and the school nurse. The student must be capable of responsibly carrying properly labeled emergency asthma medication in an original container on his or her person.
3. The parent must assume the responsibility for monitoring the child on a daily basis to insure that the child is carrying and administering the emergency asthma medication as ordered.

**PHYSICIAN STATEMENT FOR THE
SELF-ADMINISTRATION OF EMERGENCY ASTHMA MEDICATION**

Student's name: _____

The above named student is under my care and:

1. Is on the following emergency asthma medication: _____
2. The purpose of the medication is: _____
3. The prescribed dosage is: _____
4. The medication may be self-administered at the following times or under the following circumstances: _____

5. The medication is prescribed for the following period of time: _____

I further state that the above named patient has asthma and is capable of self-administering the prescribed emergency asthma medication as instructed by me.

Physician's Name (PRINT)

Physician's Signature

Date

Address

Phone Number

PARENT'S CONSENT TO SELF-ADMINISTER EMERGENCY ASTHMA MEDICATION

Please permit my child to carry and self-administer the above emergency asthma medication as directed by his/her physician. I assume the responsibility for monitoring my child on a daily basis to insure that he/she is carrying and administering the emergency asthma medication responsibly and as ordered.

Parent/Guardian's Name (PRINT)

Parent/Guardian's Signature

Date