

Northwest Independent School District

Self-Administration of Asthma Medicine

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| Student Name: | Campus: | Date: |
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A student with asthma may possess and self-administer prescription asthma medicine while on school property or at a school-related event or activity if:

1. The medicine has been prescribed for that student as indicated by the prescription label on the medicine.
2. The self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider.
3. A parent of the student provides to the school:
 - a. Written authorization, **signed by the parent**, for the student to self-administer the medicine while on school property or at a school-related event or activity; AND
 - b. Written statement, **signed by the student's physician** or other licensed health care provider that states:

This student, _____, has asthma and is capable of self-administering the

following inhaler: _____
(include full prescribing information)

The purpose of this medicine is: _____.

I have discussed appropriate safety measures with the student and family members.

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|--------------------------------|-----------------------------|
| Physician Name: (Print) | Physician Signature: |
| Office Phone Number: | Office Fax Number: |

Parent/Guardian

I request that my student be allowed to self-administer the above asthma inhaler.

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| Parent/Guardian Name: (Print) | Parent/Guardian Signature: |
| Home Phone Number: | Cell Phone Number: |