



Asthma Medication Self-Administration Consent

Student's Name: _____ Student ID# _____
 Date of Birth: _____ Campus: _____
 Physician: _____ Contact Number: _____
 Parent/Guardian Name: _____ Contact Number: _____

Section 38.013, Education Code

Entitles a student with asthma to possess and self-administer prescription asthma medicine while on school property or at a school-related event or activity under the following conditions:

1. *The prescription label shows that the medicine has been prescribed for that student.*
2. *The self-administration is in compliance with the prescription or written instruction from the student's physician.*
3. *The student's parent provides the school with written authorization signed by the parent.*
4. *The student's parent provides the school with a written statement from the physician stating the student is capable of self-administration.*
5. *The student will report difficulty breathing or managing their asthma or loss of medication to the school nurse.*
6. *The student will have an asthma action plan on file in the nurse's office.*

This form must be updated annually and kept on file in the nurse's office and will be shared with those staff members chaperoning the student to events off campus.

Physician's/ Practitioner's Statement:

I, _____ (Practitioner's name), state that _____ (student's name) is capable of self-administration of his/her asthma medication.

Name of asthma medication: _____ Dosage: _____ Frequency: _____

Practitioner's Signature: _____ Date: _____

Practitioner's Emergency Contact Number: _____

Parent/Guardian Statement

I, _____ (printed name), parent/guardian of _____ (student's name), grant permission for my child to self-administer his/her asthma medication according to the physician's order. I will teach my child that he/she is responsible for keeping the campus school nurse updated regarding the self-management of asthma. I am also aware that student educational opportunities exist so that my child may learn more about managing their asthma during the school day.

Parent/Guardian Signature: _____ Date: _____

Nurse/School Staff only:

_____ Date received

_____ School nurse/staff signature