

Northwest Independent School District

### Self-Administration of Asthma Medicine

<b>Student Name:</b>	<b>Campus:</b>	<b>Date:</b>
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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.

<b>Physician Name: (Print)</b>	<b>Physician Signature:</b>
Office Phone Number:	Office Fax Number:

#### Parent/Guardian

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

<b>Parent/Guardian Name: (Print)</b>	<b>Parent/Guardian Signature:</b>
Home Phone Number:	Cell Phone Number: