



Tidehaven Independent School District

47 CR 427 Doman Road P.O. Box 129 El Maton, TX 77440-0129 www.tidehavenisd.com

Permit for Self-Administration of Emergency Rescue Medication *THIS AUTHORIZATION MUST BE RENEWED EACH ACADEMIC YEAR*

Student's Name _____ Campus _____

(TO BE COMPLETED BY PHYSICIAN)

NOTE: IN COMPLIANCE WITH HB 1688, TIDEHAVEN INDEPENDENT SCHOOL DISTRICT WILL PERMIT THE SELF-ADMINISTRATION OF EMERGENCY RESCUE MEDICATION UPON COMPLETION OF THIS FORM. IF AT ANYTIME THE SAFETY OF THIS CHILD OR OTHERS IS AT QUESTION AND THE PROBLEM CANNOT BE RESOLVED SATISFACTORILY, TIDEHAVEN ISD MAY REVOKE THIS STUDENT PRIVILEGE.

Date: _____

This child is under my care for the treatment of _____ and will require the below listed prescription medication at school and at school related events. I have instructed the above named child in the proper way to use his/her medication and he/she has demonstrated the skill necessary to self-administer the medication. It is my professional opinion this child should be allowed to carry and use the medication listed below by himself/herself.

Name of Drug	Dosage	Frequency	Time to be given at school	Duration	Side Effects

Note: This authorization is valid through the end of the current academic year unless superseded by another written physician's authorization.

Signature of Physician _____
Printed Name of Physician _____
Address _____
Emergency Telephone Number _____

(TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN)

I, _____, give permission for my child to self-medicate his/her emergency medication as directed by the physician. I understand the medication must be in a container appropriately labeled by the pharmacy. I will notify the school in writing if the medication is discontinued. Also, I will obtain a written doctor's order if the medication dosage is changed. I understand that the District and my child's school have no liability for my child's self-medication.

Date _____
Parent Name (printed) _____ Parent Signature _____
Address _____ Telephone _____

Tidehaven ISD does not discriminate on the basis of race, color, age, sex, religion, disability, or national origin.

