



# Emergency Medication Self- Administration/ Self-Carry Form

This plan is in accordance with HB 1688 from the 2001 Texas Legislative Session. This bill allows students to carry and self-administer certain emergency medications—epinephrine, albuterol MDI, diabetes emergency medication, and pancreatic enzymes—for immediate use in a life-threatening situation while at school or school functions, with permission from parents, physicians, and the health office nurse. This form must be renewed every school year and kept on file in the nurse’s office.

STUDENT NAME:	DOB:	STUDENT ID#:
CAMPUS:	SCHOOL YEAR:	
TEACHER:	GRADE:	
CONDITION/ DIAGNOSIS:		

### To Be Completed by Physician Licensed by the State of Texas

I have instructed \_\_\_\_\_(student’s name) in the proper way to use his/her medication. It is my professional opinion that this student should be allowed to carry and self-administer the following life-saving medications while on school property or at school-related events.

Emergency Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

When to use: \_\_\_\_\_

Physician’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician’s Emergency Contact Number: \_\_\_\_\_

**For asthma inhalers only** Can be repeated for severe breathing difficulty \_\_\_\_\_ times \_\_\_\_\_ minutes apart.

### To Be Completed by Parent or Legal Guardian

I agree with the recommendations of my child’s physician as noted above. I have informed my child that he/she may carry his/her emergency rescue medication while on school property or at school-related events, according to school district policy and the student agreement below. I understand that I am giving consent for the health office nurse to discuss any concerns regarding this medication with the healthcare provider whose signature appears on this document to monitor the healthcare needs of my child.  
*\*It is recommended to provide additional medication to be stored in the health office in case the primary medication is forgotten at home or stolen.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Completed by Student and Nurse

Place a checkmark before each statement as acknowledgment of said statement:

\_\_\_\_ Student knows name, correct dosage, purpose, expected effects and side effects of medication.

\_\_\_\_ Student demonstrates correct use/administration of medication.

\_\_\_\_ Student understands that medication must have prescription label affixed, that authorization from the school nurse must be carried, that allowing anyone else to use the medication will result in disciplinary action, and that the PRIVILEGE of carrying this medication can be rescinded for violating any part of this agreement per Student Code of Conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMS will be called when Epinephrine is administered.**

