Krum Independent School District
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This plan is in accordance with legislation, HB 1688, which passed during the 2001 Texas Legislative Session. This bill allows students to carry and self-administer emergency rescue medication while at school or school functions with permission from parents, a physician, and a school nurse.

Student Name_____ Student ID#_____
School year_____DOB_____Grade_____

SELF-ADMINISTRATION OF EMERGENCY/QUICK RELIEF MEDICATION

A. TO BE COMPLETED BY PHYSICIAN LICENSED BY THE STATE OF TEXAS

I have instructed _____ to use his/her medication in the proper way. It is my professional opinion that this student should be allowed to carry and self-administer the following emergency medication while on school property or at school-related events.

Emergency/Quick-relief medication:
Name of medication_____
Purpose_____
Dosage _____ Frequency _____
When to use _____
For asthma inhalers only-Can be repeated for severe breathing difficulty _____ times _____minutes apart.***Call 911/EMS if minimal or no improvement.**

Physician signature_____ Date _____
Physician printed name _____ Phone Number_____

B. TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I agree with the physician's recommendation as noted above and have informed my child that he/she may carry his/her emergency/quick-relief medication while on school property or at school-related events according to school district policy and the student agreement below.

Parent/Guardian signature_____Date_____

Parent printed name _____ Phone number_____

C. TO BE COMPLETED BY STUDENT and SCHOOL NURSE

Student knows name, correct dosage, purpose, expected effect, and side effects of medication. Student demonstrates correct use/administration of medication. Student understands that medication must have a prescription label affixed, that authorization from the school nurse must be carried, and that allowing anyone else to use this medication will result in disciplinary action, and the PRIVILEGE of carrying this medication can be rescinded for violating any part of this agreement.

Student signature_____

School nurse signature_____Date _____