

Anna ISD Health Services

Emergency Medication Self-Carry Agreement

This plan is in accordance of HB 1688 from the 2001 Texas Legislative Session. This bill allows students to self-administer emergency rescue medication while at school or school functions with permission from parents, physicians, and the school nurse. This form is good for the current school year and must be completed at the beginning of each school year.

Student Name _____ Grade _____ DOB _____

Parent/Guardian _____ Phone# _____

Treating Physician _____ Phone# _____

A. TO BE COMPLETED BY A 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 emergency rescue medication while on school property or at school related events:

Rescue Medications:

Name:	Purpose:
Dosage	When to use:
Name:	Purpose:
Dosage:	When to use:

For Asthma Inhalers Only- May repeat for difficulty breathing ___ times ___ minutes apart.

Physician signature _____ Date _____

B. TO BE COMPLETED BY PARENT OR GUARDIAN

I agree with my child's physician recommendations and have informed my child they may carry their emergency rescue medication while on school property or at school related events. **(*It is highly recommended that extra rescue medication be stored in a designated place at the school*)**

Parent/Guardian signature _____ Date _____

C. TO BE COMPLETED BY STUDENT AND SCHOOL NURSE

__ Student knows the names of, and correct usage/purpose/side effects of each medicine and can demonstrate proper use of medicines. Student understands that allowing anyone else to use their medication will result in disciplinary action and possible revocation of the privilege to carry it.

Student signature _____ Date _____

School nurse signature _____ Date _____

****This form must be filled out in addition to the routine medication permission form.**