



FRISCO INDEPENDENT SCHOOL DISTRICT
School Health Services

SELF-ADMINISTRATION OF PRESCRIPTION ASTHMA OR ANAPHYLAXIS MEDICATION BY STUDENTS

I have instructed _____ in the proper use of his/her medication which is prescribed for the diagnosis of _____. It is my professional opinion that the student is capable and should be allowed to carry and use the prescription medication by himself/herself while on school property or at a school-related event or activity.

Medication: _____

Purpose: _____

Dose: _____

Route: _____

Time: _____

Start Date: _____ End Date: _____

I do hereby release the Frisco Independent School District, its agents, servants, employees and medical advisors from any liability in connection with the self-administration of this medication. I, the undersigned, absolve the school of any responsibility in safeguarding our child's medication. Information concerning this medication and my child's health may be shared with/obtained from the below named physician.

Physician Signature

Date

Parent/Guardian Signature

Date