

**PERMISSION SLIP FOR SELF-ADMINISTRATION OF PRESCRIPTION ASTHMA
OR ANAPHYLAXIS MEDICINE BY STUDENTS**

PARENT PART OF FORM

Date: _____

I, _____ (your name), the parent/guardian of
_____ (student's name), request that my child be able to carry
on his person and self administer his own Asthma / Anaphylaxis (choose one)
medicine, _____ (give name of medicine), while on school
property or at a school related event or activity.

I certify that I have read the information below and fully understand and agree to all its contents.
I release school personnel from liability in the event adverse reactions result from taking the
medication(s).

I will notify the school of any prescriptive change in the medication(s), for example, the
medication dosage is changed or the medicine has been discontinued.

I give school personnel permission to discuss my child's diagnosis and use of medication as
listed above with other school personnel with whom my child may come in contact.

Signature of parent/guardian

SECTION 10.02. Sections 38.015(a) and (b), Education Code states the following:

- (1) "Parent" includes a person standing in parental relation.
- (2) "Self-administration of prescription asthma or anaphylaxis medicine" means a student's discretionary use of prescription asthma or anaphylaxis medicine.
- (b) A student with asthma or anaphylaxis is entitled to possess and self-administer prescription asthma or anaphylaxis medicine while on school property or at a school related event or activity if:
 - (1) the prescription [asthma] medicine has been prescribed for that student as indicated by the prescription label on the medicine;
 - (2) the student has demonstrated to the student's physician or other licensed health care provider and the school nurse, if available, the skill level necessary to self-administer the prescription medication, including the use of any device required to administer the medication;
 - (3) the self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider; and
 - (4) [(3)] a parent of the student provides to the school:
 - (A) a written authorization, signed by the parent, for the student to self-administer the prescription [asthma] medicine while on school property or at a school-related event or activity; and
 - (B) a written statement from the student's physician or other licensed health care provider, signed by the physician or provider, that states:
 - (i) that the student has asthma or anaphylaxis and is capable of self-administering the prescription [asthma] medicine;
 - (ii) the name and purpose of the medicine;
 - (iii) the prescribed dosage for the medicine;
 - (iv) the times at which or circumstances under which the medicine may be administered; and
 - (v) the period for which the medicine is prescribed.

**NOTE: THIS FORM MUST BE ACCOMPANIED BY THE MEDICAL PROVIDER
PORTION OF THE FORM (either the standard form from the school or a statement from
the provider that includes all the necessary information).**

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MEDICAL PROVIDER PART OF FORM

Date: _____

I, _____ (medical provider's name),

certify that my patient, _____ (patient's name)

has asthma or a condition which could result in anaphylaxis (**choose one**),

and I have prescribed the asthma or anaphylaxis (**please circle one**)

medication, _____ (name of medication)

for him/her.

He/she has demonstrated to me the skill level necessary to self-administer this medication, including the use of any device required to administer the medication, and he/she is capable of self-administering this medication.

The prescribing information for this medication is the following:

Name of medication: _____

Dosage of medication: _____

Route of medication: _____

Times at which or circumstances under which the medicine may be administered:

Period for which the medicine is prescribed: _____

Date: _____

Signature of medical provider