SELF-ADMINISTRATION OF PRESCRIPTION
ASTHMA MEDICINE BY STUDENT

Student Name_____Date_____
St. Joseph Catholic School, 600 S. Jupiter Rd., Richardson, TX 75081, 972-234-4679

A student with asthma is entitled to possess and self-administer prescription asthma 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 self-administration is done in compliance with the prescription or written instructions from the student's physician or other licensed health care provider; and

(3) a parent of the student provides to the school:
(A) a written authorization, signed by the parent, for the student to self-administer 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 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.
(C) The physician's statement must be kept on file in the office of the school nurse of the school the student attends or, if there is not a school nurse, in the office of the principal of the school the student attends.

Medication:_____Dose:_____
Frequency:_____

Physician's Consent for Self Administration of Asthma Medication
I have instructed the student in the proper way to use his/her asthma medications. It is my professional opinion that this student **should** / **should not** (check one) be allowed to carry and self-administer his/her medications while on school property or at school-related events. **Physician's initials _____**
Physician's Name _____
Phone_____
Physician's Signature_____
Date_____

Parent signature:_____