LEWISVILLE ISD
MEDICATION SELF-CARRY AGREEMENT

This plan is in accordance with legislation, HB 1688, which passed during 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.

Student's Name: **Grade:** **DOB:**

Parent/Guardian:
Name(s): **Home phone:**

Address: **Work phone:**

Emergency Contact:

Name: **Relationship:** **Phone:**

Physician student sees for asthma: **Phone:**

Other Physician: **Phone:**

A. TO BE COMPLETED BY PHYSICIAN LICENSED BY 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 Medication (Quick-relief medication):

Name:

Purpose:

Dosage: **When to Use:**

For asthma inhalers only **Can be repeated for severe breathing difficulty ____ times ___minutes apart.**

Call 911 or EMS if minimal or no improvement

Medication is prescribed for the time period _____until _____ (current school year maximum.)

Physician's Signature _____ **Date:** _____

B. TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

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

Parent/Guardian Signature _____ **Date:** _____

C. TO BE COMPLETED BY STUDENT AND SCHOOL NURSE

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to use this medication will result in disciplinary action, and that the PRIVILEGE of carrying this medication can be rescinded for violating any part of this agreement.

_____ _____ _____

Student Signature **School Nurse Signature** **Date**