

## Houston Independent School District Health and Medical Services

Policies Governing Self-Administration of Prescription Emergency for Treatment of Asthma Medication and Life Epinephrine while on School Property or a School-related Activity

House Bill (HB) 1688 passed by the 79th Legislature and signed into law, allows a student with asthma to possess and self-administer prescription asthma medicine.

HB 1688 creates an exception to the HISD medication policy that all medications are to be kept in a locked area in the nurse's office and to the mandatory discipline provision in Chapter 38 of the Texas Education Code related to possession and usage of a controlled substance.

## Physician's Request for Self-Administration of Prescription Asthma Medicine or Epinephrine while on School Property or a School-related Activity

| To the principal of: Parker Elementary School   | _ Da                       | te:  |  |
|---|----------------------------|--|--|
| Name of child:  |                            | thdate:  |  |
| Diagnosis:  |                            |  |  |
| Name of medication:   |                            |  |  |
| Form of medication: □oral □ inhalation □ in Purpose of medicine: □  |                            |  |  |
| Prescribed dosage:  |                            |  |  |
| Frequency/time or circumstance under which the medi   | cine may be administer     | ed:  |  |
| Period for which the medicine is prescribed: School Y   | ear 2014-2015              |  |  |
| A new medication permit is required for each school year.   |                            | <del></del>  |  |
| n new meateuron permit is required for each school year.  | D. W. M.                   |  |  |
|   | Facility Name              | Facility Name  |  |
|   | Physician's/Advanced       | Physician's/Advanced Practice Nurse Signature            |  |
|   | Physician's/Advanced       | Physician's/Advanced Practice Nurse Name (print or type) |  |
|   | Telephone                  |  |  |
| My signature indicates consent for my child to self-administ<br>that I am giving consent for the school nurse to discuss any c<br>whose signature appears on this document in order to monito | oncerns regarding this med | lication with the healthcare provide                     |  |
|   | Parent's Signature         | Date   |  |
|   | Telephone                  |  |  |

The physician's statement must be kept on file in the office of the school nurse or the principal of the campus the student attends.