

Houston Independent School District  
Health and Medical Services

**Policies Governing Self-Administration of Prescription Asthma/Epinephrine Medication while on School Property or a School-related Activity**

38.015, Education Code: Expands the section regarding self-administration of prescription medication by students to include medication for anaphylaxis.

The medicine and the self-administration must be authorized by a physician or other licensed health care provider. The student must demonstrate to the physician or other health care provider and to the school nurse, if available, the skill level necessary to self-administer the medication.

**Change from current law:** The past statute was limited to prescription medication for asthma only. The amendment adds language regarding the necessity of the student demonstrating the skill level necessary to self-administer the medication.

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

To the principal of: \_\_\_\_\_ School Date: \_\_\_\_\_

Name of child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

According to my signature the above named student have demonstrated the skill to self administer the prescribed medication for asthma or anaphylaxis (allergic reaction).

Name of medication: \_\_\_\_\_

Form of medication:  oral  inhalation  injection  other (specify) \_\_\_\_\_

Purpose of medicine: \_\_\_\_\_

Prescribed dosage: \_\_\_\_\_

Frequency/time or circumstance under which the medicine may be administered: \_\_\_\_\_

Period for which medicine is prescribed: \_\_\_\_\_

*The above named student has asthma and according to my signature below the student is capable of self-administering the prescription asthma medication.*

*A new medication permit is required each school year.*

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's name (print or type)

\_\_\_\_\_  
Telephone

**This is your permission to allow your child to self-administer the medication as requested by the physician.**

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.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Telephone