

PHYSICIAN REQUEST FOR
SELF ADMINISTRATION OF ASTHMA INHALER AND/OR EPI PEN

The 77th Legislature recently passed House Bill 1688, which was signed into law by the Governor. Under the law a student may possess and self-administer prescription asthma medication and /or an epi pen with written authorization from the student's physician to include the following:

- 1) Student is capable of self administering the medication.
- 2) Name and purpose of the medication.
- 3) Prescribed dosage for the medication.
- 4) Time at which or circumstances under which the medication may be administered.
(as needed/before exercise).
- 5) The time period for which the medication is prescribed.

I request Cypress-Fairbanks ISD to allow _____, date of birth: _____ to carry and self administer the following medication: _____.

Dose: _____
Time: _____
Reason: _____

I authorize my child to self administer his/her prescription asthma inhaler and/or epi pen as per doctor's orders while on school property or at a school related event or activity. I understand that my child is responsible for the proper handling and carrying of the medication, and that it must be kept out of reach of other students at all times. The medication must have a current prescription label indicating that is has been prescribed to my child.

The above student is capable of self administering the prescribed asthma and /or epi pen for the current school year.

Parent Signature

Date

Physician Name (printed)

Date

Physician Signature

Date

*****THIS FORM MAY BE FAXED TO THE SCHOOL CLINIC AT:
281-897-4656**