

# Cypress Woods High School

16825 Spring Cypress Cypress, Tx. 77429

Clinic: 281-213-1817 Fax: 281-213-1827

## Physician Request for Self Administration of Asthma inhaler and/or Epi-Pen

According to House Bill 1688, a student may possess and self-administer prescription asthma medication and/or epi-pen with written authorization from the student's physician including 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.

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Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Time: \_\_\_\_\_

Reason: \_\_\_\_\_

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

\_\_\_\_\_  
Physician Name (Printed)

\_\_\_\_\_  
Office Phone #

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

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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. **I am aware that a new Physician's authorization form is required in the clinic each school year.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date