



ARISTOI CLASSICAL ACADEMY

MEDICATION SELF-CARRY AGREEMENT

This plan is in accordance with new legislation, HB 1688, which passed during the 2001 Texas Legislative Session. This bill allows students to carry and self-administer emergency rescue medication while at school or school functions with permission from parents, physician, and school nurse.

Student's Name: _____ Grade: _____ DOB: _____

Parent/ Guardian Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

Physician student see for allergies/asthma: _____ Phone: _____

SELF-ADMINISTRATION OF EMERGENCY RESCUE MEDICATION

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:

Emergency rescue medication (Quick-relief medication):

Student's 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).

It is my professional opinion that _____ (student's name) should **NOT** be allowed to carry and self-administer any of his/her emergency rescue medication while on school property or at school related events.

Physician Signature

Date

B. TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I agree with the 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. I release the school district, Aristoi Classical Academy, and employees of any liability arising from self-administration.

Parent/ Guardian Signature

Date

C. TO BE COMPLETED BY STUDENT and STUDENT CARE REPRESENTATIVE

_____ 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 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.
