FORT WORTH ACADEMY OF FINE ARTS
Texas Center for Arts + Academics

Self-Administration of Prescribed Asthma or Anaphylaxis Medication by Student

This form is to be completed by the parent and physician/licensed health care provider of students who may keep prescribed asthma or anaphylaxis medication on their person and self-administer as prescribed.

School Year _____

Parent Request

We, the undersigned parents of _____ request that our child be allowed to keep the prescribed asthma or anaphylaxis medication on his/her person at all time and self-administer as prescribed by the physician.

We understand that it is the student's sole responsibility to keep the prescription medication in his/her possession. If said medication(s) are misplace or use by other students, this privilege will be revoked.

I give permission for the school nurse to consult with the below named student's physician/licensed prescriber regarding any questions that arise with regards to below listed medication(s) or medical condition(s) being treated by the medication(s).

_____ _____

Parent Printed Name Parent's Signature

_____

Date

Physician's Authorization

I hereby authorize the below listed student to carry the listed prescription medication on his/her person and self-administer as prescribed.

_____ _____ _____

Student's name Medication Dosage and administration times

Please check all that is applicable.

_____ Student is knowledgeable about the medication and to how to administer it.

_____ Student has the skills to safely possess and use the prescribed medication.

_____ Student may self-administer the above named medication

_____ _____

Physician's Signature Physician's name and Contact number
or
Clinic stamp

Date _____

All Authorizations expire at the end of the school year.