

Commerce ISD  
Health Services

Inhaler Self-Administration

(To be completed at the beginning of each school year and kept on file with the school nurse)

Student's Name ID Teacher  
Campus Birth date:

This plan is in accordance with new legislation, HB1688, which passed during the 2001 Texas Legislative Session. This bill allows students to self-administer asthma medications while at school or school functions with permission from physicians and parents.

**SELF-ADMINISTRATION OF ASTHMA MEDICATIONS (To be filled out by physician)**

Physician Please Check one:

- I have instructed (student's name) in the proper way to use his/her medications. It is my professional opinion that (student's name) should be allowed to carry and self-administer his/her (name of inhaler) inhaler while on school property or at school-related events. His/her parents are aware that there will not be an inhaler available in the school clinic unless they decide to provide an extra one.
- It is my professional opinion that (student's name) should NOT be allowed to carry and self-administer any of his/her asthma medications while on school property or at school related events. It should be kept in a designated area (i.e. school clinic) and be accessible to the student.

Physician/Practitioner: Printed Name Signature Date

Office Address: Phone:

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To Be Completed by Parent/Guardian:

I permit my child to carry the above listed inhaler as ordered by his/her physician/practitioner. I understand that my child, not the school, is responsible for the storage, possession, and use of the inhaler. I understand that sharing medication with other students will result in disciplinary action.

Parent/Guardian Signature: Date:

Phone:

To Be Completed by the Student:

I understand the purpose, appropriate method, and frequency of use of this inhaler. I understand that I, not the school, am responsible for the storage, possession, and use of the inhaler. I understand that sharing medication with other students is potentially dangerous and will result in disciplinary action.

Student Signature: Date:

To Be Completed by the School Nurse:

The student has demonstrated the proper use and care of his/her inhaler for the campus nurse.

School Nurse Signature: Date:

If the student does not follow the above agreement, the privilege of carrying and using his/her medication will be rescinded.

This form must be completed in addition to the routine medication authorization form.