Medication: Self-Administration of Prescription Asthma or Anaphylaxis Medication by Students

I have instructed ________________________________ in the proper use of his/her medication which is prescribed for the diagnosis of ________________________________.

It is my professional opinion that the student is capable and should be allowed to carry and use the prescription medication by himself/herself while on school property or at a school-related event or activity.

Medication: ________________________________

Purpose: ________________________________

Dose: ________________________________

Route: ________________________________

Time: ________________________________

Start Date: _________________ End Date: _________________

I do hereby release the Frisco Independent School District, its agents, servants, employees, and medical advisors from any liability in connection with the self-administration of this medication.

I, the undersigned, absolve the school of any responsibility in safeguarding my child’s medication. Information concerning this medication and my child’s health may be shared with/obtained from the below named physician.

__________________________________________
Clinic Stamp (Name, Address, Phone Number)

__________________________________________
Physician’s Signature Date

__________________________________________
Parent/Guardian’s Signature Date

Revised 6/7/2021