

## **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