

CAMPBELL ISD

Nurse Office

409 W. North Street

Campbell, TX 75422

903-862-3250 x217

903-862-3547 fax

ASTHMA Inhalers

Physician/Parent Authorization and Request for Medication Administration at School

Requests for administration of medication by school personnel must be as follows:

1. When such medication(s) cannot be given outside of the school day.
2. Prescription medications require both a physician's and parent's request to continue to be taken at school when the medication needs to be taken beyond a 10-day period of time. (FFAC – LOCAL).
3. All Medication must be in the original container properly labeled by the pharmacist filling the prescription, or labeled by the manufacturing Drug Company if the medication is available over-the-counter. (Texas Education Code 21.914).

Student's Name: _____ Date of Birth: _____

Student Grade: _____ School Year: _____

Condition for which medication(s) is required: _____

1. Medication: _____

Dosage _____ Time _____

Additional Instructions, Side effects, Precautions: _____

The Student may carry his/her Asthma Inhaler on their person, is competent to self medicate and has been instructed in proper use of the inhaler: ___ Yes ___ No

Physician's Signature: _____ Date: _____

Physician Printed name: _____

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Parents/Guardians: Please complete this part of the form or provide separate Parent/Guardian authorization note.
Thank You.

I, the parent/guardian of _____ request the above medication be administered as prescribed.

My child may carry his/her inhaler on their person: ___ Yes ___ No.

Parent/Guardian Signature: _____ Date: _____