



CONROE

INDEPENDENT SCHOOL DISTRICT

Committed to Excellence

Authorization for Use of Anaphylaxis Medication

On May 31, 2006, the Governor of Texas signed House Bill 1.
This bill applies to the beginning of the 2006-2007 school year.

Article 10: Students may self administer medications for anaphylaxis. This procedure must be approved by a physician or licensed health care provider. The student must demonstrate to the physician or licensed health care provider and the school nurse the skill level necessary to self administer the medication. It is recommended that an extra dose of medication be kept in the clinic.

Student name: _____ DOB: _____

Parent/Guardian: _____

Phone: (home) _____ (work) _____

(cell) _____

Medication: _____ Expiration date of medication: _____

Dose: _____

Special instructions and indications:

Parent Signature: _____ Date: _____

This student has been instructed and has good understanding of clinical indications to administer the above medication. This student has been instructed and is capable of administering this medication in the event of an allergic reaction.

Physician/Licensed Health Care Provider

Date

School Nurse

Date



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School Asthma Action Plan

Student Information

Student's name

Grade School year Date of birth

Teacher's name

Parent's/Guardian's name

Parent's/Guardian's address

Parent's/Guardian's home phone

Parent's/Guardian's work phone

Emergency contact name

Emergency contact relationship

Emergency contact phone number

Physician student sees for asthma

Physician's phone number

Other physician

Other physician phone number

Self-Administration of Asthma Medications

Bronchodilator (quick-relief medication)

Name of medication

Purpose of medication

Dosage of medication

When to use medication

Can be repeated for severe breathing difficulty

_____ times _____ minutes apart.

Call 911 or EMS if minimal or no improvement.

Other medication

Name of medication

Purpose of medication

Dosage of medication

When to use medication

Additional instructions

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 the following
medications while on school property or at school-related events.

It is my professional opinion that
(student's name) _____
should **not** be allowed to carry and self-administer the following
medications while on school property or at school-related events.

Physician's signature

Date

I agree with the recommendation of my child's physician as noted and have informed my child that he/she may carry his/her asthma medications while on school property or at school-related events.

Parent's signature

Date