



Garland Independent School District Health Services MEDICATION SELF-CARRY AGREEMENT

This plan is in accordance with legislation, HB 1688, which passed during the 2001 Texas Legislative Session. This bill allows students to carry and self-administer emergency rescue medication while at school or school functions with permission from parents, physician, and school nurse.

Student Name _____ Student ID# _____

School Year _____ DOB _____ Grade _____

SELF-ADMINISTRATION OF EMERGENCY/QUICK RELIEF MEDICATION

A. TO BE COMPLETED BY PHYSICIAN LICENSED BY THE STATE OF TEXAS

I have instructed _____ to use his/her medication in the proper way.

Student Name

It is my professional opinion that this student should be allowed to carry and self-administer the following emergency medication while on school property or at school-related events.

Emergency/Quick-relief medication: _____

Name of Medication _____

Purpose _____

Dosage _____ Frequency _____

When to use _____

For asthma inhalers only-Can repeat for severe breathing difficulty _____ time _____ minutes apart

Call 911/EMS if minimal or no improvement.

Physician Signature

Date

Physician Printed Name

Phone number

B. TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I agree with the physician's recommendation as noted above and have informed my child that he/she may carry his/her emergency/quick-relief medication while on school property or at school-related events according to school district policy and the student agreement below.

Parent/Guardian Signature

Date

Parent Printed Name

Phone Number

C. TO BE COMPLETED BY STUDENT and SCHOOL NURSE

- ☐ Student knows name, correct dosage, purpose, expected effect and side effects of medication.
- ☐ Student demonstrates correct use/administration of medication.
- ☐ Student understands that medication must have prescription label affixed, that authorization from school nurse must be carried, that allowing anyone else to use this medication will result in disciplinary action and the **PRIVILEGE** of carrying this medication can be rescinded for violating any part of this agreement.

Student Signature

School Nurse Signature

Date

For OFFICE use only: ☐Med entered in EMR ☐Scanned and uploaded ☐Updated Health Condition ☐Updated/created IHP