

CHAPEL HILL INDEPENDENT SCHOOL DISTRICT
CHMS / CHHS
PHYSICIAN REQUEST
FOR SELF ADMINISTRATION OF ASTHMA INHALER AND/OR EPI PEN

House Bill 1688 allows a student to possess and self-administer prescription asthma medication and/or an epi pen with written authorization from the student's physician.

PHYSICIAN / PRESCRIBING HEALTH CARE PROVIDER

Student Name _____ Grade _____ DOB _____

Name of Medication _____

Timing / Dosing _____

Side Effects to be noted / reported _____

Dates of administration: From _____ To _____ (not to exceed one school year)

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION.

Physician (print) _____ phone # _____

Physician (signature) _____ Date _____

PARENT / GUARDIAN AUTHORIZATION

I request that the above named child be permitted to carry and self-administer the above ordered medication. I understand that the medication must be in the original pharmacy container and labeled with the name of the student. The current prescription label must be attached to the medication bottle / box. I understand that my child is responsible for the proper handling and carrying of the medication and that it must be kept out of the reach of other students at all times. I also understand that if at anytime my child shows risky or irresponsible behavior with his/her medication that this privilege may be taken away.

Parent Signature _____ Date _____

Phone # _____

Student Signature _____

Received in Nurse's Office On _____

Nurse's Signature _____