

**PARENT AUTHORIZATION FOR STUDENT TO SELF-CARRY AND  
SELF-ADMINISTER ASTHMA MEDICATION**

My child \_\_\_\_\_ has my permission to self-carry and self-administer his/her own asthma inhaler. I understand that my child is only allowed to take the medication according to prescription directions and is not supposed to share this medication with anyone else. I have talked with my child about not allowing any other child to use his/her inhaler. In my opinion, my child understands how and under what circumstances to use his/her inhaler. I feel like he/she is capable of self-administering his/her own asthma inhaler.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**PHYSICIAN'S STATEMENT FOR STUDENT TO SELF-CARRY AND  
SELF-ADMINISTER ASTHMA MEDICATION**

My patient \_\_\_\_\_ is a student enrolled in the Columbia-Brazoria Independent School District and has been diagnosed with asthma. In my opinion, this student understands how and under what circumstances to use his/her inhaler. In my opinion, the child has demonstrated the skills to self-carry and self-administer his/her inhaler, including when to tell an adult if symptoms do not improve after taking the medicine. The following medication has been prescribed for the child:

1. Name of Medication: \_\_\_\_\_
2. Purpose of Medication: \_\_\_\_\_
3. Prescribed Dosage: \_\_\_\_\_
4. Time and Circumstances under which the medication may be administered:  
\_\_\_\_\_
5. Period for which the medicine is prescribed: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_

Date: \_\_\_\_\_