SLIDELL ISD

Parent Consent & Authorization for Student Self-Administration of Prescription Asthma Inhaler

School Year: _____

Student Information

Student Name: _____
Date of Birth: _____
Campus: _____ Grade: _____
Teacher/Homeroom: _____

Parent/Guardian Authorization

I authorize my child to possess and self-administer the prescribed rescue asthma inhaler while at school, during school-sponsored activities, and while traveling to and from school-sponsored events in accordance with Texas Education Code §38.015 and my child's healthcare provider's written orders.

Parent Responsibilities

- Provide current healthcare provider orders authorizing self-carry/self-administration.
- Provide an unexpired inhaler in the original pharmacy-labeled container.
- Notify the school nurse of any changes to treatment.
- Replace expired or empty medication promptly.

Student Responsibilities

☐ Carry the inhaler responsibly.

☐ Use the medication only as prescribed.

☐ Notify the school nurse or school staff after use whenever possible.

☐ Never share the medication.

☐ Report worsening asthma symptoms immediately.

Parent Acknowledgment

I understand that Slidell ISD staff will act in good faith while following the healthcare provider's written orders and district policy. Self-carry privileges may be reevaluated if safety expectations are not followed.

Signatures

Parent/Guardian Printed Name	
Parent/Guardian Signature	Date _____
Phone Number	
School Nurse Signature	Date _____
Approved ☐ Yes ☐ No	
Student Printed Name	
Student Signature	Date _____

Healthcare Provider Certification (Required)

I certify this student has asthma, has demonstrated the ability to safely self-carry and self-administer the prescribed rescue inhaler, and may self-administer it at school and school-sponsored activities.

Medication	
Dosage	
Administration Instructions	
Provider Name	
Provider Signature	
Phone / Date	