



MABANK ISD HEALTH SERVICES

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MABANK ISD HEALTH SERVICES EMERGENCY MEDICATION SELF-CARRY AGREEMENT

Date	Student Name	Student Grade/Teacher	Allergies
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A. TO BE COMPLETED BY PHYSICIAN LISCENSED BY THE STATE OF TEXAS

- I have instructed _____ (student's name) in the proper wat to use his/her medication. It is my professional opinion that this student should be allowed to carry and self-administer the following emergency rescue medication while on school property or at school related events.

RESCUE MEDICATIONS

Name:	Purpose:
Dosage:	When to use:
Name:	Purpose:
Dosage:	When to use:

For asthma inhalers only. May repeat for severe breathing difficulty ____ times ____ minutes apart.

Physician Signature _____ Print Name _____
Date _____ Office Number _____

B. TO BE COMPLETED BY PARENT/GUARDIAN

I agree with the recommendations of my child's physician as noted above and have informed my child that he/she may carry his/her emergency rescue medication while on school property or at school related events.

Parent/Guardian Signature _____ Date _____

C. TO BE COMPLETED BY STUDENT AND SCHOOL NURSE

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to use the medication will result in disciplinary action, and that the PRIVILEGE of carrying this medication can be rescinded for violating any part of this agreement.

Student will carry/keep medication _____ (specify location)

Student Signature _____ Date _____

School Nurse Signature _____ Date _____

Statement of Non-Discrimination

Mabank Independent School District does not discriminate on the basis of race, color, national origin, age, sex, or disability in its employment, practices, activities and programs.
El distrito independiente de la escuela de Mabank no discrimina de la raza, del color, del origen nacional, de la edad, del sexo, or de la inhabilidad en su empieco, prácticas, actividades y programs.