

# Duchesne Academy of the Sacred Heart

If your daughter has a health condition that would require the use of an emergency action plan, please have her physician document the following in writing:

1. **When** emergency action would be indicated
2. **What** emergency action would need to take place
3. **Any intervention(s)** that would need to be readily available for use while your student is at school or on any school-related trips
  - If the preferred intervention is a medication, please also review and discuss the attached “Self-Carry Permission Form” with your daughter’s physician

Please reach out to the Health Clinic with any further questions or concerns

[Healthservices@duchesne.org](mailto:Healthservices@duchesne.org)

713-468-8211 x 3171

# Duchesne Academy of the Sacred Heart

## Rescue Medication Self-Carry Permission Form

\*This form is to be attached to an Emergency Action Plan\*

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Both the Healthcare Provider and the Parent/Guardian feel that the patient has demonstrated the skills to carry and self-administer their emergency rescue medication listed on their Action Plan, including when to tell an adult if symptoms do not improve after taking the medication.

\_\_\_\_\_  
Healthcare Provider's Name (Please Print)

\_\_\_\_\_  
Healthcare Provider's Signature

\_\_\_\_\_  
Healthcare Provider Office Address

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Date

**Contract for School Self-Carry—** \_\_\_\_\_  
(Please write in rescue medication)

The student listed above may carry her listed rescue medication according to the physician/parent statements if she is in compliance with the conditions listed below:

- The student has demonstrated to the school nurse the correct use of the listed rescue medication
- The student agrees to never share the listed rescue medication with another person
- The student agrees that after taking the initial dose prescribed, she will immediately go to the health clinic or have the nurse called to her location. EMS may be activated as deemed necessary by health services staff.
- The student agrees to always have her listed rescue medication on her person at all school-related events, including but not limited to field trips, social awareness trips, athletics events, class retreats, school dances, etc.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

I hereby grant permission for my child to self-carry and self-administer the listed rescue medication described above. I understand that she must follow the rules listed and I will notify the school of any changes in my child's medication and/or condition.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

The student has demonstrated the skills to carry and self-administer their rescue inhaler, including when to tell an adult if symptoms do not improve after taking the medicine.

\_\_\_\_\_  
Signature of School Nurse

\_\_\_\_\_  
Date

*Medication must be prescribed by a licensed healthcare provider and appropriately labeled in the original container by the pharmacy or healthcare provider.*