



# Texas School for the Blind and Visually Impaired

A center for educational services for all blind and visually impaired students in Texas

Emily Coleman, Superintendent  
1100 W. 45th Street, Austin, Texas 78756  
(512) 454-8631 | Toll-free: (800) TSB-KARE  
[www.tsbvi.edu](http://www.tsbvi.edu)

Dear Parent/Guardian/Adult Student or Other Person with Legal Authority,

This letter is to inform you that your student will be working towards the goal of independent travel while attending the Texas School for the Blind and Visually Impaired Summer SWEAT program. To maintain the safety of your student, we will be requesting a signed form from your student's physician allowing him/her to self-carry emergency medication off campus or ask for a release to travel independently without emergency medication. This form is included with this packet. Please take the form to your provider to sign allowing the student to carry their own emergency medication while off campus. If your student is less than 18 years of age, you the parent must sign the form as well. For adult students older than 18 years of age, they can sign their own forms.

We require all students who travel independently with emergency medications to wear medical alert bracelets (that TSBVI will provide) and carry a medication kit identifying student's medical condition, emergency contact information, as well as the name and dosage of the emergency medication in kit. Your student will have to undergo a training when they arrive for the SWEAT program where they will be asked the following questions:

1. Name of medication, dose, possible side effects.
2. Review/understand their personal emergency plan (provided by their doctor/primary care provider).
3. Review and return demonstrate the process of signing out their medications from the health center and verbalize understanding of the rules regarding self-carry of emergency medications as a student at TSBVI.

If your student does not complete this process and/or cannot pass the quiz about their emergency medication, they will not be eligible to travel independently off campus. Other accommodations regarding travel will be made. Students must promise to return their emergency medications to the health center within 15 minutes of their arrival back on campus and must never keep their emergency medication in their dorm room. Failure to comply with these rules will result in student losing their self-carry privileges and no longer be able to travel independently off campus.

Please return the signed form prior to **June 6, 2020** so all is ready for your student to begin their program. If you have any questions/concerns, please feel free to call me at 512-206-9137.

Sincerely,

Sally Freeman, MSN, RN  
Director of Health Services  
[freemans@tsbvi.edu](mailto:freemans@tsbvi.edu)  
512-206-9137

## BOARD OF TRUSTEES:

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## FAX:

Business Office (512)206-9452  
Central Mail Room (512)206-9450  
Outreach Services (512)206-9320  
Superintendent (512)206-9453  
Admissions (512)206-9148



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## Physician Request for Self-Carry of Emergency Medications at School

### Part I- To Be Completed By The Student's Physician

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

School: Texas School for the Blind and Visually Impaired

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

I have instructed the above-named student in the proper way to use the above-named medication. It is my professional opinion that he/she is cognitively and developmentally competent to self-administer and carry these medications at the Texas School for the Blind and Visually Impaired. I understand that the student will be held to the rules of self-administering/ carry of medication at the Texas School for the Blind and Visually Impaired.

Physician's Name: (print) \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

### Part II- To Be Completed By The Parent/Guardian

I hereby request self-carry of emergency medication privileges for my student. I understand that the Texas School for the Blind and Visually Impaired and its employees or agents shall incur no liability or cost as a result of injury arising or a lost medication from the self-carry and administration of medication by the student. I will review and sign the Permission to Self-Carry Emergency Medications form. The student and I also understand that self-medication privileges are lost if the student does not use the medication properly or are not responsible with the medication.

Parent/Guardian's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_