POSESSION and SELF-ADMINISTRATION of INHALED ASTHMA MEDICATIONS

Article I. Code of Va. 22.1-274.2: Effective on July 1, 2000, local school boards shall develop and implement policies permitting a student with a diagnosis of asthma to possess and self-administer inhaled asthma medications during the school day, at school-sponsored activities, or while on a school bus or other school property.

Students with a diagnosis of asthma are permitted to possess and self-administer inhaled asthma medications in accordance with this policy during the school day, at school-sponsored activities, or while on a school bus or other school property. In order for a student to possess and self-administer asthma medication, the following conditions must be met:

Written parental consent that the student may self-administer inhaled asthma medications;

Written notice from the student’s primary care provider, indicating the identity of the student, stating the diagnosis of asthma and approving self-administration of inhaled asthma medications that have been proscribed for the student; specifying the name and dosage of the medication, the frequency in which it is to be administered and the circumstances which may warrant its use; and attesting to the student’s demonstrated ability to safely and effectively self-administer the medication;

An individualized health care plan must be prepared, including emergency procedures for any life-threatening conditions; and

Information regarding the health condition of the student may be disclosed to school board employees in accordance with state and federal laws governing the disclosure of information contained in the student’s scholastic records.

Permission granted to a student to possess and self-administer asthma medications will be effective for a period of one school year, and must be renewed annually. However, a student’s right to possess and self-administer inhaled asthma medication may be limited or revoked after appropriate school personnel consult with the student’s parents.

Any student with permission to possess and self-administer inhaled asthma medication and is found to abuse it’s regulations, shall have this privilege revoked.

Legal Ref: Code of Virginia, as amended, Section 22.1-78
Cross Ref: Albemarle County School Policy JFC-R
CONTRACT FOR SELF-CARRIED MEDICATION

Student: _______________________________     Grade: ___________

Physician: _____________________________     Telephone: ______________

Medication: ____________________________     Dose: _______________

Time: ___________

Medication is permitted in accordance with district policy. Student’s physician must authorize self-carried/administered medication. Student name must appear on the medication container or inhaler.

Responsibilities for carrying medication

Observed

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- Health care action plan complete
- Demonstrated correct use/administration
- Recognizes proper and prescribed timing for medication
- Does not share medication with others
- Keeps medication in agreed location
- Keeps a second labeled container in the Health office
- Agrees to come directly to the Health office if having the following symptoms after using medication:

_________________________________________________________________

The student does/does not demonstrate the specified responsibilities. The student may carry the medication unless and until he/she fails to follow the above agreement.

Comments and added responsibilities:

______________________________________

(Student/date)     (School Nurse/date)

I request that my child be allowed to carry his/her medication and be responsible for its proper storage and use. I will support my child to follow the above agreement and if he/she does not, I will be contacted and we will develop a new plan.

___________________________________

(Parent/guardian/date)     (Parent daytime telephone numbers)
AUTHORIZATION FOR SELF-CARRY/ADMINISTRATION OF MEDICINE AT SCHOOL AND AFTER-SCHOOL ACTIVITIES

School Board policy permits a responsible, trained student to carry and/or self-administer medication for asthma, severe allergic reaction, or diabetes on his/her person for immediate use in the life threatening situation with written order of physician, parent consent, school nurse and principal approvals.

PHYSICIAN / HEALTH CARE PROVIDER ORDER

Student: _________________________________  DOB: ____________
Address: _____________________________________________________________
School: __________________________________  Grade: ____________
Condition for which the medication is administered ________________________________
Name of medication __________________________________________________________
Dose ___________________________ Method administered _____________________________
Time or indication for administration ____________________________________________
Is this a controlled drug? ___ Yes ___ No
Side effects to be noted/reported ________________________________________________
Other recommendations _________________________________________________________
Duration of administration; From _________ to _________ (within current school year)

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION.

_________________________________  __________________
Physician Signature              Print Name

_________________________________  __________________
Telephone numbers              Date

PARENT/GUARDIAN AUTHORIZATION

I request that my child, named above, be permitted to carry and self-administer the above ordered medication. I take responsibility for this permission. I understand that the medication must be in its original container, labeled with name of student and name of medication. No more than a 45 school day supply of medication will be kept at school. This medication will be destroyed unless picked up within one week after the end of the school year or end of the medical order.

Albemarle County School Policy JHCD-E3 Page 1