

## **POSSESSION 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.

**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

Yes    No

- |     |     |   |
|-----|-----|---|
| ___ | ___ | 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)

