

CHESAPEAKE PUBLIC SCHOOLS

Request for Self-Administration of Emergency Medication

Notice to Parents: Medication must be brought to school by parent or legal guardian in a container that is appropriately labeled by the pharmacy or physician.

Name of Student (Last, First, MI)		Date of Birth	Home Phone # ----- Parent Work #
Diagnosis		Medication	
Dosage	When should inhaler be used?	Frequency with which it is to be administered.	
Route of Administration and Instructions			
Start Date (must be renewed yearly)		End Date	
Physician/Nurse Practitioner (please print)		Address & Phone Number	
<p><i>In accordance with the Code of Virginia Section 22.1-274.2, by signing this form I attest to the student=s demonstrated ability to safely and effectively self-administer inhaled asthma medications and/or auto-inject epinephrine and of the student=s understanding that he is to report to the school nurse , or if the school nurse is not available, to the principal or his designee if self- administered medication as prescribed does not relieve the student=s asthmatic/allergic symptoms.</i></p> <p><i>I further agree to prepare a written individual health care plan in consultation with the student=s parents, and appropriate school personnel.</i></p>			
_____ Physician=s/Nurse Practitioner=s Signature		_____ Date	
<p>In accordance with the Code of Virginia Section 22.1-274/2, I agree to the following:</p> <p>I hereby give permission for the school to administer the medication as prescribed above.</p> <p>I also give permission for the school to contact the above health care provider regarding the administration of this medication and the development of a health care plan.</p> <p>I will not hold the school board or any of its employees liable for any negative outcomes resulting from the self-administration of said emergency medication by the student.</p> <p>I understand that the school principal, after consultation with the parent(s), may impose reasonable limitations or restrictions upon a student=s possession and self-administration of said emergency medication relative to the age and maturity of the student or to other relevant considerations.</p> <p>I understand that the school principal may revoke permission to possess and self-administer said emergency medication at any point during the school year if it is determined the student has abused the privilege of possession and self-administration or that student is not safely and effectively self-administering the medication.</p>			
_____ Parent=s/Legal Guardian=s Signature		_____ Date	