

**ASTHMA OR ANAPHYLAXIS
MEDICAL MANAGEMENT PLAN
FOR STUDENT SELF-MANAGEMENT OF HEALTH CONDITION**

**STEP 1
PARENT OR GUARDIAN REQUEST TO ALLOW STUDENT
TO SELF-MANAGE HEALTH CONDITION AT SCHOOL**

_____ (student) has the following health condition(s) and I/we hereby request that David City Public Schools allow the Student to self-manage the health condition: ___ Asthma ___ Anaphylaxis.

DATED this _____ day of _____, 200_.

Parent/Guardian

Parent/Guardian

Contact Information

Home Telephone #s		
Work Telephone #s		
Cell Phone #s		
Emergency Contact	Name:	#:

**STEP 2
PHYSICIAN'S AUTHORIZATION FOR STUDENT
TO SELF-MANAGE HEALTH CONDITION AT SCHOOL**

I am the Student's Physician. The Student has the following health condition(s): ___ Asthma ___ Anaphylaxis. I authorize the Student to self-manage the health condition(s) at school in accordance with a medical management plan to be developed for the Student.

DATED this _____ day of _____, 200_.

Print or Type

Primary Phone Number

Signature of Physician

Secondary Phone Number

**STEP 3
MEDICAL MANAGEMENT PLAN**

"Health Condition" for purposes of this Plan means:

___ Asthma ___ Anaphylaxis ___ Both

A. Health care services the Student may receive at school relating to Student's Health Condition.

1. Standard health services available to all students.
2. Storage of backup asthma or anaphylaxis medication supplies.
3. Recording of student self-administration reports.

B. Evaluation of the Student’s understanding of and ability to self-manage Student’s Health Condition.

The parents/guardians and the Physician certify that the Student has a sufficient level of understanding and ability to self-manage the Student’s Health Condition under the following conditions:

1. Access to Medication. Given the Student’s understanding and ability the asthma or anaphylaxis medication must be:
 - _____ Stored in the health office.
 - _____ Stored in the health office, except the Student may have the medication in the Student’s possession at times when the health office is not accessible (e.g., when the Student is out of the school on field trips or participating in extracurricular activities).
 - _____ In the possession of the student.

2. Self-Administration Given the Student’s understanding and ability the Student will be allowed to self-administer asthma or anaphylaxis medication:
 - _____ Only under the supervision of the school nurse or a school staff member.
 - _____ Only under the supervision of the school nurse or a school staff member, except the Student may self-administer at times when the health office is not accessible (e.g., when the Student is out of the school on field trips or participating in extracurricular activities)
 - _____ Independently and without supervision, as the Student has had had training and is proficient in self-administering medication.

C. It is agreed that this Plan permits regular monitoring of Student’s self-management of Student’s Health Condition by an appropriately credentialed health care professional.

D. Medication Prescribed for Student’s Health Condition:

Asthma or anaphylaxis medication(s) prescribed for the Student:

Name	Purpose	Dosage	Time or Conditions When Medication is to Administered

Date after which the medication should not be administered or possessed by Student:

Possible adverse reactions to be reported to physician _____

Special instructions for the provision the medication _____

E. Procedures for storage and access to backup supplies of such prescription medication for Student's Health Condition.

1. The Student, when permitted to be in possession of medication, will only have the dosage of medication that might be needed on one school day.
2. The school will store any backup supply needed in accordance with its medication storage procedures.
3. The student may have access to the backup supply when necessary by requesting such from the health office.

F. Signatures and No Liability Statement.

**PARENT OR GUARDIAN AUTHORIZATION AND APPROVAL
AND LIABILITY WAIVER**

The parents or guardians of the Student hereby accept and agree to this Medical Management Plan. It is specifically understood that the Guidelines for Asthma or Anaphylaxis Medical Management Plan are incorporated into and are a part of this Plan.

The parents or guardians understand and agree that if the Student injures school personnel or another student as the result of the misuse of necessary asthma or anaphylaxis medical supplies, the parent or guardian of the Student shall be responsible for any and all costs associated with such injury. The parents or guardians acknowledge that (a) the school and its employees and agents are not liable for any injury or death arising from the Student's self-management of the Student's Health Condition and the parents or guardians release same from any such claims and (b) the parents or guardians shall and do hereby agree to indemnify and hold harmless the school and its employees and agents against any claim arising from the Student's self-management of Student's Health Condition. This release, indemnification and hold harmless agreement shall take effect immediately and shall stay in effect for as long as the Student is provided permission to self-administer medication.

DATED this ____ day of _____, 200_.

Parent/Guardian

Parent/Guardian

STUDENT AGREEMENT

I will use the prescription asthma or anaphylaxis medication only as prescribed and as permitted by the Plan, will do so discreetly as possible, will not share it with others, and when I am in possession of the medication I will keep it concealed from others. I have been instructed how to self-administer this medication and understand the side effects of improper use and will promptly report self-administration and follow the Guidelines. I understand that if I do not abide by these terms, I may be disciplined and that this Plan will be re-evaluated. I disclaim all liability of the school or its employees as it relates to this Plan and my use of the medication.

DATED this ____ day of _____, 200_.

Student

PHYSICIAN AUTHORIZATION AND APPROVAL

I am the Student's Physician. The Student has the ability to safely and responsibly self-manage the Student's Health Condition in accordance with this Asthma or Anaphylaxis Medical Management Plan. I approve the Plan and authorize the Student to self-manage the Student's Health Condition at school in accordance with the Plan.

DATED this _____ day of _____, 200_.

Print or Type

Primary Phone Number

Signature of Physician

Secondary Phone Number

SCHOOL NURSE APPROVAL OF ASTHMA OR ANAPHYLAXIS MEDICAL MANAGEMENT PLAN

This Plan is ___ approved ___ not approved.

DATED this _____ day of _____, 200_.

School Nurse or School Nurse's Designee

GUIDELINES FOR ASTHMA OR ANAPHYLAXIS MEDICAL MANAGEMENT PLAN

Term of Plan: The plan is effective immediately. It must be renewed and considered for approval an annual basis.

Medications: The parents or guardians are responsible for supplying any and all medications required under the Plan; the school is not responsible for providing the medications. Medications to be used by the Student under this Plan must be furnished in a current original container from the pharmacy with the student's name, the name of the medication, strength and the dosage to be given. Inhalers must have a label attached to the inhaler itself, not on the packaging. If the prescribed medication, dosage or time of medication changes, the parents or guardians must promptly submit to the school nurse or designee the new prescription. Any non prescription medication must be furnished in the original container from the manufacturer.

Consultations: The school may consult with a registered nurse or other health care professional employed by such school during development of the plan.

Permitted Self-Management: Pursuant to the Asthma or Anaphylaxis Medical Management Plan the Student shall be permitted to self-manage the Student's asthma or anaphylaxis condition in the classroom or any part of the school or on school grounds, during any school-related activity, or in any private location specified in the plan.

Student Reports of Self-Administration: The Student shall promptly notify the school nurse, the school nurse's designee, or another designated adult at the school when the Student has self-administered prescription asthma or anaphylaxis medication pursuant to the Plan.

Responses to Student Misuse: The possession of medications by Students is a violation of the school's drug and student conduct policies and may result in an expulsion from school. To the extent this Asthma or Anaphylaxis Medical Management Plan permits the Student to be in possession of medications, the Plan allows the Student an exception to the school drug and student conduct policies. However, this exception only extends to the extent provided in the Plan. In the event the Student uses his or her prescription asthma or anaphylaxis medication other than as prescribed, or possesses medication other than as permitted by the Plan, the Student

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MEDICAL MANAGEMENT PLAN**

is subject to disciplinary action by the school, up to and including an expulsion. The school will promptly notify the parent or guardian of any disciplinary action imposed. The disciplinary action will not include a limitation or restriction on the student's access to such medication; however, it is agreed that in the event of any such misuse an re-evaluation of the Student's understanding of and ability to self-manage Student's Health Condition and may result in a modification or termination of this Plan.

Sharing Plan: It is agreed that this Asthma or Anaphylaxis Medical Management Plan may be shared with school officials and agents who have a need to be aware of it; that those who have the need to be aware of it include student health staff and also include staff responsible for student discipline (e.g. staff need to know that the Student is authorized to have the medication on the Student's person so the Student is not reported for a violation of the school's drug policies). The school officials who may be informed of the Plan thus include: administration, school nurse, school office staff, teachers and any paraeducators or specialists who provide services to the Student, and the coaches and sponsors of extracurricular activities in which the Student participates.

Filing of Plan: This Asthma or Anaphylaxis Medical Management Plan is to be kept on file at the school where the Student is enrolled.

**RECORD OF STUDENT REPORTS OF
SELF-ADMINISTRATION OF MEDICATION UNDER
ASTHMA OR ANAPHYLAXIS MEDICAL MANAGEMENT PLAN**

Parent's Phone # _____
 Name of Student _____ Grade _____
 Medication _____ Date to Begin _____ Date to End _____
 Dosage _____ Time _____
 Doctor _____ Phone #1 _____ Phone #2 _____
 Possible Adverse Reaction: _____

Date & Time of Student Report	Date & Time of Self-Administration	Medication Name	Dosage Administered	Any Complications Reported by Student or Observed	Employee Recording Student Report