



**Williamsburg-James City County Public Schools
Health Services**

**INDIVIDUALIZED HEALTH CARE PLAN FOR POSSESSION AND
SELF-ADMINISTRATION OF INHALED ASTHMA MEDICATION**

Health Care Providers: Pursuant to Section 22.1-274.2 of the Code of Virginia, students with a diagnosis of asthma are permitted 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. In addition to the requirements noted in Williamsburg-James City County Public Schools Policies and Procedures Manual, Code: JHCD, all students who obtain consent to carry and self-administer prescribed inhaled asthma medications must have an individualized health care plan, including emergency procedures for any life-threatening conditions and a statement attesting to the student's demonstrated ability to safely and effectively self-administer inhaled asthma medications. This legislation requires additional information and documentation from the prescribing health care provider. For further information, see Section 22.1-274.2 of the Code of Virginia or contact the Supervisor of Health Services at 603-6497.

Student's Name: _____ Birth Date: _____

School: _____ Grade: _____

Individualized Health Care Plan

Medication: _____ Dosage: _____ Frequency _____

Indications for medication: _____

Emergency Procedures: _____

The above named student has the ability to safely and effectively carry and self-administer the prescribed inhaled asthma medication(s). He/she understands emergency procedures and will seek assistance as indicated in the emergency procedures or if symptoms persist. *The school nurses will accept the parent request and physician statement. They will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or if there is a safety risk. They will contact the parent as soon as possible in this event.*

Physician Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____