

FCPS Authorization for Virginia Asthma Action Plan

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I PARENT OR GUARDIAN TO COMPLETE

I hereby authorize Fairfax County Public Schools (FCPS), Fairfax County Health Department (FCHD), and School Age Child Care (SACC) personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless FCPS, FCHD, SACC, and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions, etc., against them for helping this student use medication, provided FCPS, FCHD, and SACC staff members comply with the health care provider, parent or guardian orders set forth in accordance with the provision below. **I have read the procedures outlined on the back of this form and assume responsibility as required. I am providing a completed Virginia Asthma Action Plan.**

Student Name: Last	First	Middle
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Date of Birth	School Name	School Year	Grade
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No School Board employee, public health nurse, or school health aide shall administer medication or treatment, as an exception under School Board policy, unless the principal or his or her designee has personally reviewed all the required clearances. I give permission to contact the below named health care provider to clarify information provided on the order should the need arise.

Parent or Guardian Signature	Daytime Telephone	Date
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PART II GUIDANCE

GREEN ZONE: GO!

- No actions are needed at school.
- For asthma with exercise, follow GREEN ZONE

YELLOW ZONE: CAUTION!

- Administer prescribed puff(s) of inhaler or nebulizer treatment of **rescue medicine** in **YELLOW ZONE**, call parent/guardian
 - If symptoms worsen at any time, go to **RED ZONE**
 - If symptoms return to **GREEN ZONE** within 20 minutes, student may return to class.
 - If symptoms do NOT return to **GREEN ZONE** within 20 minutes, give second dose of inhaler/nebulizer
- After second dose of inhaler/nebulizer
 - If symptoms return to **GREEN ZONE**, student may return to class
 - If symptoms do not improve in 5-10 minutes, call 911 and go to **RED ZONE**
 - If student returns from classroom with symptoms in **YELLOW ZONE**, go to **RED ZONE**

RED ZONE: DANGER!

- Call EMS/911
- Administer prescribed puff(s) of inhaler or nebulizer treatment of **rescue medicine** in **RED ZONE**
- Contact parent/guardian

REMINDER: If the student has a current Virginia Asthma Action Plan completed by their health care provider but does not have their prescribed albuterol inhaler available, follow the student's plan using the school's supply of undesignated stock albuterol and valved holding chamber.

<p style="text-align: center;">Complete this Section for Students Who Self-Carry and Self-Administer Inhaler</p> <p>The student is authorized by a licensed prescriber to carry and self-administer an inhaler at school, school sponsored activities, on a school bus or other school property. The student is to carry an inhaler during school or SACC hours with the principal's knowledge. The student acknowledges they will be responsible for carrying the inhaler and will follow the licensed prescriber's orders as outlined in the Virginia Asthma Action Plan. (An additional inhaler, to be used as a back-up, may be kept in the school health room or other approved school location.)</p>	<table style="width: 100%;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;">Parent/Guardian Signature (Required)</td> <td style="width: 30%; border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Student Signature (Required)</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>	Parent/Guardian Signature (Required)	Date	Student Signature (Required)	Date
Parent/Guardian Signature (Required)	Date				
Student Signature (Required)	Date				

PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE

Check as appropriate:

- Part I of the Virginia Asthma Action Plan above is complete including signatures.
- Medication is appropriately labeled. _____ Date by which any unused medication is to be PICKED UP by the parent or guardian. (Within one week after expiration of this authorization or on the last day of school.)

Principal or Principal Designee Signature	Date
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Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent, guardian, or eligible student.

PARENT/GUARDIAN INFORMATION ABOUT AUTHORIZATION FOR ASTHMA RESCUE MEDICINE PROCEDURES

1. Asthma rescue medicine may be given in school, at school-sponsored activities, on a school bus or other school property or at SACC only with both licensed prescriber and parent or guardian-signed authorization.
2. The parent or guardian is responsible for obtaining the licensed prescriber's order on the Virginia Asthma Action Plan. The form can be found at: [Virginia Asthma Action Plan](#).
3. The parent or guardian will complete this SS/SE-65 form when they bring their student's own asthma rescue medicine and the completed Virginia Asthma Action Plan to school.
4. A licensed prescriber may NOT use office stationery or a prescription pad in lieu of completing the Virginia Asthma Action Plan.
5. Licensed prescriber samples must be appropriately labeled by the licensed prescriber to include information typically printed on a pharmacy label.
6. The first dose of any new medication must be given at home excluding emergency medications including albuterol.
7. The parent or guardian is responsible for submitting a new form to the school or SACC at the start of the school year and each time there is a change in the dosage or in the time at which medication is to be taken.
8. Asthma rescue medicine must be hand delivered to the school health room by the parent or guardian unless approved for the student to carry during school and SACC hours.
9. Medication kept in the school will be stored in a locked area accessible only to authorized personnel unless approved for the student to carry it during school hours. If a student carries his or her own inhaler, a backup may be kept in the school health room.
10. Within one week after expiration of this authorization or on the last day of school, the parent or guardian must pick up any unused portion of the medication(s) unless the student has been authorized to carry them. Medications not claimed within that period will be destroyed.
11. The Fairfax County Health Department, Fairfax County Public Schools, and Fairfax County School Age Child Care do not assume responsibility for authorized medication taken independently by the student.
12. In no case may any health worker or school or SACC staff member administer any medication outside the framework of the procedures outlined here and/or in FCPS regulation.
13. The parent or guardian must provide a supply of medication to FCPS and SACC for medication required to be administered during the school day and in SACC.