

**SCHUYLKILL VALLEY SCHOOL DISTRICT
HEALTH SERVICES**

Medication Administration Policy
Asthma Action Care Plan

Dear Parents and Guardians:

SVSD Medication Policy:

Medications are only administered under a physician's order. Our school physician has approved a number of over-the counter medications for administration by the school nurse with permission of parents/guardians.

Prescription medication and/or over-the counter medication not approved by the school physician, require a signed medication order. Please complete the attached Medication Order Form, have your physician sign it, and then return it to the school nurse.

Asthma Action Care Plan:

According to Pennsylvania state law the school nurse is required to have an asthma management plan for every student that has asthma. **If your student has asthma, please complete the student Asthma Action Plan that is attached. This must be signed by both the physician and the parent on a yearly basis.**

Use of Asthma Inhalers:

When authorized by a parent/guardian, state law mandates that students are permitted to possess asthma inhalers and to self-administer the prescribed medication used to treat asthma. In addition, the regulation requires the school nurse to determine the student's ability to self-administer the asthma medication. If you desire to have your student carry and self-administer the medication please complete the last page in this packet. All inhalers must be marked with the student's name in permanent marker.

We look forward to working with you in providing excellent health care to your child and will answer any of your questions concerning the above topics or any other health issues you desire to discuss.

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