

6.41 ASTHMA MEDICATION

A student attending any school in the Franklin Local School District may possess and use at school or at any activity, event, or program sponsored by or in which his/her school is a participant, a metered dose inhaler or a dry powder inhaler to alleviate asthmatic symptoms or to prevent the onset of asthmatic symptoms before exercise, if both of the following conditions are satisfied:

- A. The student has the written approval of his/her physician and, if the student is a minor, the written approval of his/her parent, guardian or other person having care or charge of the student. The physician's written approval shall contain the following information.
 - 1. The student's name and address;
 - 2. The names and doses of the medication contained in the inhaler;
 - 3. The date the administration of the medication is to begin;
 - 4. The date, if known, that the administration of the medication is to cease;
 - 5. Written instructions that outline procedures school personnel should follow in the event the asthma medication does not produce the expected relief from the student's asthma attack;
 - 6. Any severe adverse reactions that may occur to the child using the inhaler and that should be reported to the physician;
 - 7. Any severe adverse reactions that may occur to another child, for whom the inhaler is not prescribed, should such a child receive a dose of the medication;
 - 8. At least one emergency telephone number for contacting the physician in an emergency;
 - 9. At least one emergency telephone number for contacting the parent, guardian, or other person having care or charge of the student in an emergency;
 - 10. Any other special instructions from the physician
- B. The school principal and school nurse assigned to the student's building has received copies of the written approvals required by division A. of this policy

Immunity from Tort Liability

The school district, a member of the Board of Education, or a school district employee shall not be liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a district employee's prohibiting a student from using an inhaler because of the employee's good faith belief that the conditions of divisions A. and B. of this policy had not been satisfied.

The school district, a member of the Board of Education, or a school district employee shall not be liable in damages in a civil action or injury, death, or loss to person or property allegedly arising from a district employee's permitting a student to use an inhaler because of the employee's good faith belief that the conditions of divisions A. and B. of this policy had been satisfied.

When a school district is required to permit a student to possess and use an inhaler because the conditions of divisions A. and B. of this policy have been satisfied, the school district, any member of the Board of Education, or any school district employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from the use of the inhaler by a student for whom it was not prescribed.

Nothing in this policy eliminates, limits, or reduces any other immunity or defense that the school district, any member of the Board of Education, or any school district employee may be entitled to under O.R.C. Chapter 2744, any other provision of the Revised Code, or the common law of the state.

FRANKLIN LOCAL SCHOOL DISTRICT

AUTHORIZATION FOR THE POSSESSION AND USE OF ASTHMA INHALERS

Student Name: _____

Date:

Address:

Authorization is hereby given for the student named above to:

- () receive the prescribed medication indicated from the designated school personnel
- () self-administer the prescribed medication as permitted by law.

Medication Name:

Dosage: _____

Date the administration is to begin: _____

Date the administration is to cease: _____

Adverse reactions that should be reported to the physician:

Adverse reactions for unauthorized user:

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack: _____

Other special instructions:

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Physician and parent/guardian names, signature, and emergency phone numbers are required.

Physician name: _____ Phone: _____

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Signature: _____

Date

Parent/guardian Name: _____ Phone: (Home) _____

(Work) _____

(Other) _____

Signature: _____

Date

Copies must be provided to principal and to the school nurse if one is assigned to the student's building.