

Authorization to Implement Health Treatment Plan

Student: _____ DOB: _____ School: _____

Schools/Child Care Contractor (CCC) must obtain specific written parental/guardian authorization before any medical treatment including medication administration can be provided. This written informed consent gives trained school/CCC staff authorization to implement the medical order. When parents/guardians authorize a medical treatment for their child in school/School Age Child Care (SACC) such authorization includes permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment ordered. Health treatment plans not signed and dated by the parent/guardian will not be implemented.

Communications based on the medical orders generally include the following:

- The prescription of treatment itself (e.g., questions regarding dosage, method of administration, potential drug interactions);
- Implementation of the treatment in school/SACC (e.g., questions regarding safety concerns, infection control, issues, or modifications in the treatment order related to the school setting or student’s academic schedule); and
- Student outcomes from the treatment (e.g., questions regarding observed side effects, possibly untoward reactions, observation of behavior in the classroom).

I/We are aware that non-medical personnel may perform the procedure on my child.

In accordance with the Virginia Code § 22.1-274, I agree to the following:

I will not hold the School Board, any of its employees, or CCC liable for any negative outcome resulting from the self-administration of said emergency medication by the student.

Upon review and agreement by the school nurse, parent, CCC, and health care provider, this Health Treatment Plan will remain in effect until the annual review date or the student’s medical status requires changes.

Parent’s/Guardian’s Printed Name Parent’s/Guardian’s Signature Date

School Nurse’s/CCC Printed Name School Nurse’s/CCC Signature Date

School personnel/CCC trained in the treatment procedure:

Printed Name	Signature	Trainer’s Signature	Date of Training