

**Cleveland School District
Health Services
School Asthma Plan**

School Year _____

Name: _____ Date: _____

School: _____ Age: _____

Instructions to School

1. If coughing or wheezing, give:

- Albuterol 2-4 puffs with/without spacer and notify parent/guardian
- Albuterol 1 treatment via nebulizer and notify parent/guardian

2. Pre-Medication, give:

- Albuterol 2-4 puff with/without spacer 15-30 minutes prior to exercise
- Albuterol 1 treatment via nebulizer 15-30 minutes prior to exercise

3. Recommend that student be allowed to carry and self- administer all asthma medications

4. Recommend that school nurse/personnel administer asthma medications and notify parents

5. Other instructions: _____

Physician Signature: _____

I _____, the parent/guardian of _____ give my permission for _____ to self-administer prescription asthma and/or anaphylaxis medication while on school property or at a school-related event or activity in accordance with the prescription/physician's statement on file with the school; I hereby release the school district and its employees, volunteers, officers, directors, elected officials and agents from liability for any injury arising from _____'s self-administration of prescription asthma and/or anaphylaxis medication while on school property or at a school-related event or activity unless in cases of wanton or willful misconduct.

Parent Signature: _____