

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



School Year \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**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:** \_\_\_\_\_