

**CENTRAL DAY SCHOOL**  
**Management Protocol for**  
**Asthma or Respiratory Condition Requiring an Inhaler at School**

**Student Possession of an Inhaler and Self-Administration/  
Release of Liability Hold Harmless & Indemnification**

In accordance with Tennessee law (Title 49-5-415), Central Day School permits the possession and self-administration of a prescribed, metered dosage, asthma-reliever inhaler by any asthmatic student or any student with another respiratory condition requiring an inhaler if the student's parent or guardian does the following:

The permission for self –administration of the prescribed, metered dosage, asthma-reliever inhaler by any asthmatic or any student with another respiratory condition requiring an inhaler shall be effective for the school year in which it is granted and must be renewed each following school year.

The school may revoke the possession and self – administration privileges if the student misuses the inhaler or makes the inhaler available for usage by any other person.

**Permission to Possess Inhaler and Self- Administration of Medication by Inhaler**

(If student is possessing and self-administering)

I/We \_\_\_\_\_ (natural/custodial parent(s) or guardian of the named student herein) give permission to the below named student to possess at school and school-sponsored activities and to self-administer a prescribed metered dosage asthma-reliever inhaler in accordance with the Central Day School Management Protocol for Asthma or Respiratory Condition Requiring an Inhaler at School and the laws of the state of Tennessee.

**Release of Liability**

I/we \_\_\_\_\_ (natural/custodial parent(s) or guardian of the named student herein) acknowledge that Central Day School/Central Ministries, Inc./Central Church and its agents, servants and/or employees shall not be liable as a result of assistance with, possession of or self-administration of a prescribed metered dosage asthma-reliever inhaler for the within student. I/we do hereby agree to hold harmless and indemnify the foregoing entities and its agents, servants and/or employees against any claims, and/or injuries arising from the assistance with, possession of and/or self-administration of a prescribed metered dosage asthma-reliever inhaler of the student. I/We shall defend the above entities and their agents, servants and/or employees and pay any or all judgments, cost and expenses of defense including but not limited to court costs, attorney fees, arising out of any claim or lawsuit made or filed against the above entities and persons.

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Name of Natural and/or Custodial Parent or Guardian (please print):

\_\_\_\_\_  
Signature(s) of Natural and/or Custodial Parent or Guardian:

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