School Asthma Plan

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:______________________________________________________________________________
   ________________________________________________________________________________________________

Parent Signature: _________________________________________________________

Physician Signature: _______________________________________________________