



WAYNE COUNTY SCHOOL DISTRICT

School Asthma Action Plan



(Physician and Parent/Legal Guardian Signatures Required)

Student's Name _____

Date of Birth _____

School _____

Teacher/Grade: _____

MS State Law requires all students with Asthma have a School Asthma Action Plan provided to the school yearly

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
 - Allow the student to carry and self-administer all asthma medications.
NOTE: If your child must carry emergency meds at all times., please have the "Release to Carry Form" for Asthma Inhaler, Anaphylaxis Medication and/or Insulin Supplies filled out and on file at the school.
 - School nurse/personnel administers asthma medications and notifies parent/guardian.
4. Other Instructions _____

Physician Signature

Date

Parent Signature

Date