

School Asthma Action Plan

Name: _____ Date: _____

School: _____ Age: _____

Instructions to School

Provider please circle the given response or enter your order.

1. If coughing or wheezing, give:
 - Albuterol 2-4 puffs with/without spacer and notify parent/guardian.
 - _____
2. Pre-Medication give:
 - Albuterol 2-4 puffs with/without spacer 15-30 minutes prior to exercise.
 - _____
3. Medication Administration:
 - Recommend that the student be allowed to carry and self-administer all asthma medications.
 - Recommend that school nurse/personnel administer all asthma medications.
4. Other instructions:
 - _____
 - _____

Physician/FNP Signature: _____

Parent Signature: _____

School Nurse: _____