

## 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: \_\_\_\_\_