

# Pearl Public School District Student School Asthma Plan

Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_

## Instructions to School: ALL BOXES CHECKED ARE ORDERED

### 1. If coughing or wheezing, give:

- Albuterol Inhaler 2-4 puffs with/without spacer every 4-6 hours as needed
- Albuterol 1 treatment via nebulizer every 4-6 hours as needed
- Notify Parent or Guardian

### 2. Pre-Medication, give:

- Albuterol Inhaler 2-4 puffs 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

5. Other instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_