



School Asthma Plan

Student's Name _____
Teacher's Name _____
School _____

Date _____
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: _____