

## School Asthma Plan

### Winona-Montgomery Consolidated School District

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 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 and notify parents.
5. Other Instructions: \_\_\_\_\_  
\_\_\_\_\_

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

Parent Emergency Phone Number: \_\_\_\_\_

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