



# SCHOOL MEDICATION

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

## PARENT TO COMPLETE

PATIENT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DOCTOR'S NAME: Leflein    Leo    Song    DeMore    Shankar    Ward

OFFICE PHONE NUMBER: 734-434-3007    AMBULANCE PHONE NUMBER: 911

**TREATMENT GOALS:**    • to keep asthma symptoms controlled and maintain normal activity.

Asthma Triggers:     exercise     respiratory infections     cold air     humidity     pollen  
 pets     dust mites     other \_\_\_\_\_

Asthma Symptoms:     cough     wheeze     shortness of breath  
 other \_\_\_\_\_

Medication:    **Albuterol (Ventolin HFA/ProAir HFA/Proventil HFA/MaxAir HFA/Xopenex HFA)**  
These medications are bronchodilators - inhaled medications intended to alleviate or prevent the symptoms of an asthma attack.

I hereby give permission for the above medication to be administered to my child:

\_\_\_\_\_ My child **may / may not** carry medication on his / her person

\_\_\_\_\_ My child **does / does not** require adult supervision when using medication.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE TO COMPLETE

### Directions for Administration:

Inhale 2 puffs of medication...

\_\_\_\_\_ Every 4-6 hours as needed for coughing, wheezing or shortness of breath

\_\_\_\_\_ Prior to exercise

\_\_\_\_\_ Student **does / does not** use a spacer.

Comments/Notes: \_\_\_\_\_

Duration of Treatment: limited to current school year

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_