



### School Permission Form for Albuterol

Student Name: _____ DOB: _____ Teacher/Grade: _____
Child's complaint: ___cough, wheeze, shortness of breath    Diagnosis: asthma
Medication Prescribed: albuterol, Xopenex    Route of Administration: inhaled Dosage: two puffs as needed
Length of Time Medication Will be Necessary: indefinite

List any possible adverse side effects or reactions that may be anticipated:  
increased heart rate, blood pressure, nervousness.

List any restrictions in the classroom or level of activity (includes recess/playground activity, PE)  
May have difficulty in weather extremes, high pollen counts, poor air quality.

Give a brief outline of the emergency management for school personnel:

**If child is having difficulty breathing, allow him/her to rest, then use the inhaler. If symptoms not improving, call 911, parents, and physician.**

Briefly outline the child's health care issues that may affect school planning:  
Stay in a cool, clean environment.

\_\_\_\_\_ has been instructed on proper use of inhaler. He/she **may/may not** carry it with him/her for use if needed.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Michael J. Maloney, MD: \_\_\_\_\_ Date: \_\_\_\_\_

Donell Ducote, FNP-C: \_\_\_\_\_ Date: \_\_\_\_\_

Lauren Ingram, FNP-C: \_\_\_\_\_ Date: \_\_\_\_\_