

## Asthma Care

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

This patient is currently under my care for asthma. A rescue medication \_\_\_\_\_ has been prescribed for emergency treatment of this chronic disease. This student has been instructed in its proper use. He/She is to administer \_\_\_\_\_ puffs every \_\_\_\_\_ hours as needed for shortness of breath, cough, or wheezing.

He/She is to:

\_\_\_\_\_ A. Carry this medication with them at school. (Please fill out PERMISSION TO CARRY AN INHALER form).

\_\_\_\_\_ B. Leave in the nurses office.

Physician Name: \_\_\_\_\_

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

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

Other instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_