



REQUEST/APPLICATION FOR SCHOOL ASTHMA TOOL KIT

Breathe Pennsylvania is pleased to provide a School Asthma Tool Kit for your District's school nurse offices. **The school making the request must have standing orders for albuterol, spacers, and nebulizer for use at school.** The School Physician or School Nurse Practitioner must put his/her name on prescription, list albuterol MDI, spacer, nebulizer, and under notes write: For use at (School District Name) for students on record with a diagnosis of asthma and using albuterol MDI with spacer, and/or nebulizer in school. The Kit will include:

- One (1) Albuterol MDI- after application is received/processed; the inhaler will be mailed
- Two (2) spacers/chambers and Three (3) Lite-Aire disposable chambers
- One (1) Peak Flow Meter and Ten (10) disposable peak flow meter mouthpieces
- Two (2) Student Asthma Profiles that has instructions on spacer/chamber and peak flow meter use and care

NOTE: Once the prescription for the albuterol MDI has been obtained, ordered and shipped to the District, it becomes the property of the school as part of the Asthma Tool Kit. Once any spacer/chamber is used it becomes the property of the student.

A request can be made for a nebulizer by checking the box on page two. It will be sent directly to the school nurse and all maintenance and set-up become the responsibility of the school.

Protocol for Albuterol Usage at School: The securing of parental and family physician authorizations, including a prescription for the use of an albuterol MDI/or nebulizer, shall be the responsibility of the School District in accordance with their school policy and procedures.

Albuterol MDI Usage: The albuterol MDI is to be used by students with asthma who have a physicians' prescription on record with the school and do not have an inhaler on-site. It is the parent/guardian and student's responsibility to provide and take his/her medications as prescribed by their physician at all other times. The dosage used is to be specified and prescribed by their physician, e.g. 2 puffs PRN

School Nurse Responsibility: The School Nurse is responsible for maintaining the integrity of the Tool Kit and its contents. If the student is perceived to be in acute distress, emergency school procedure should be followed. School Nurse acknowledges and agrees to comply with the above protocols. Each School Nurse needs to submit this form signed and dated.

School Nurse Signature _____ Date _____

School Name/District _____

Please complete this information. You can make additional copies of this page if needed. If you have any questions, contact Jeannie Simms at 412-855-4594. Please fax (724) 772-1180 or mail both signed documents to Breathe Pennsylvania, "Attn: Cyndy". Thank you.



PLEASE COMPLETE FOR EACH SCHOOL REQUESTING AN ASTHMA TOOL (Make additional copies if needed.)

School District _____

1. School _____ Nebulizer Spacers

Address _____

City _____ State _____ Zip _____

School Nurse _____ Phone _____

2. School _____ Nebulizer Spacers

Address _____

City _____ State _____ Zip _____

School Nurse _____ Phone _____

3. School _____ Nebulizer Spacers

Address _____

City _____ State _____ Zip _____

School Nurse _____ Phone _____

Pharmacy _____ Phone _____

Address _____

City _____ State _____ Zip _____

Albuterol MDI (s) _____ @ Inhaler Cost \$ _____ Total \$ _____

School District Physician/School Nurse Practitioner Signature _____