

PHYSICIAN STATEMENT

NEED FOR NEBULIZER TREATMENT DURING SCHOOL HOURS

Indications & Criteria:

1. Student must be afebrile and infection free
2. Student must be well enough to attend school
3. Peak flow readings must warrant treatment during school hours

Name of Student: _____

Grade: _____ School: _____

Name of Medication: _____ Dosage: _____

Additional instructions:

Student's Normal Peak Flow Reading: _____

At what peak flow do you prescribe the treatment? _____

Please advise what reading would indicate: Caution _____ Danger _____
(Parent will be notified immediately)

What is optimum reading following treatment?

If student were not age appropriate for peak flow meter what situation would warrant a treatment?

If peak flow does not return to the optimum reading, or symptoms do not abate what is the treatment plan?

_____ would not be able to attend school if the above medication is not administered during school hours.

Signature of Physician

Date