

**RAINBOW PEDIATRICS**  
**44 COLLINS DRIVE, SUITE 202**  
**MIDDLEBURY, VT 05753**  
**TEL: 802-388-1338**  
**FAX: 802-388-8244**

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

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

D.O.B. \_\_\_\_\_

**Authorization of Asthma Medicine at School**

- Please give 2 puffs of Proair HFA, Xopenex, and Ventolin HFA every \_\_\_\_\_ hours at school, if needed for:
  - Cough, wheeze, or shortness of breath
  - Before physical education activities
  - For a peak flow of < \_\_\_\_\_
- Additional Medication:
  - Intal \_\_\_\_\_ puffs \_\_\_\_\_
  - \_\_\_\_\_ every \_\_\_\_\_
- This student may self-administer medication and may retain it, if permitted by school policy.

**Note: If this student is taking Albuterol or Xopenex more than 2X per week regularly, please contact the parents.**

- If this student is taking Albuterol or Xopenex more than 2X per week regularly, please:
  - Contact family
  - Contact our office
  - Start beclomethasone/bromolyn at \_\_\_\_\_ puffs daily at lunch
- If this student's peak flow is < \_\_\_\_\_ or there are symptoms of significant concern (retractions, etc.), give Albuterol or Xopenex \_\_\_\_\_ puffs at once and notify family.
- Other information:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_