**Prescription for Short-Acting Bronchodilator Solution for Nebulization for School Use**in accordance with UCA 26-41-104
Utah Department of Health/Utah State Office of Education

**ISSUED TO:**

Name of Local Education Agency (LEA)

Name of School

Address

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

City State Zip Code

Rx: Albuterol Sulfate 2.5mg/.05 ml solution for Nebulization

Sig: Use per student’s Asthma Action Plan

To be administered, as needed to an individual exhibiting symptoms of respiratory distress in accordance with Guidelines pursuant to UCA 26-41. The Albuterol Nebulizer solution must be administered by a trained employee or licensed health care provider.

\_\_\_\_\_\_\_\_\_\_\_\_Ampules \_\_\_\_\_\_\_\_\_\_\_\_Universal disposable Nebulizer sets

Quantity Quantity

Licensed Health Care Provider

Provider Street Address

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

City State Zip Code

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

Provider Phone Number NPI #

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

Date Issued (Month/Day/Year) Provider Signature

**Prescription for Short-Acting Bronchodilator (Albuterol Inhaler)
for School Use**in accordance with UCA 26-41-104
Utah Department of Health/Utah State Office of Education

**ISSUED TO:**

Name of Local Education Agency (LEA)

Name of School

Address

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

City State Zip Code

Rx: Albuterol HFA Inhaler(s) Generic. \_\_\_\_\_\_\_\_ mcg per actuation

Sig: Use per student’s Asthma Action Plan

To be administered, as needed to an individual exhibiting symptoms of respiratory distress in accordance with Guidelines pursuant to UCA 26-41. The Albuterol HFA must be administered by a trained employee or licensed health care provider.

\_\_\_\_\_\_\_\_\_\_\_\_Inhalers(s) \_\_\_\_\_\_\_\_\_\_\_\_Disposable Valved holding chambers generic

Quantity Quantity

Licensed Health Care Provider

Provider Street Address

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

City State Zip Code

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

Provider Phone Number NPI #

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

Date Issued (Month/Day/Year) Provider Signature