

**PRESCRIPTION FOR SHORT-ACTING BRONCHODILATOR
(E.G., ALBUTEROL INHALER) FOR SCHOOL USE PURSUANT
TO H.B. 2208**

ISSUED TO:

Name of School District (If applicable)

Name of School

School Street Address

City

AZ
State

Zip Code

Rx: Albuterol HFA Inhaler(s)

Sig: Use per protocol

To be administered, as needed, to an individual exhibiting symptoms of respiratory distress in accordance with “Standing Medical Order for the Emergency Administration of Short-Acting Bronchodilator (e.g., albuterol inhaler) by a Trained Individual for a Student Exhibiting Respiratory Distress Pursuant to Public Act H. B. 2208”. The stock inhaler must be administered by a trained employee or licensed health care provider.

Quantity Inhaler(s)

Quantity Thayer LiteAire® valved holding chamber(s), DAW

Refills: ZERO

Physician Name (Print)

Physician Street Address

City

AZ
State

Zip Code

Physician Phone Number

DEA Number

Date Issued (Month/Day/Year)

Physician Signature