**Prescription for short-acting bronchodilator solution for nebulization for school use**in accordance with UCA 26B-4-408
Utah Department of Health and Human Services
Utah State Office of Education

**Issued to:**

Name of local education agency (LEA)

Name of school

Address

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City State Zip code



Licensed health care provider

Provider street address

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City State ZIP code

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Provider phone number NPI #

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Date issued (month/day/year) Provider signature

**Prescription for short-acting bronchodilator (albuterol Inhaler)
for school use**in accordance with UCA 26B-4-408
Utah Department of Health and Human Services
Utah State Office of Education

**Issued to:**

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City State Zip code



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Provider phone number NPI #

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Date issued (month/day/year) Provider signature