



**Marino McDaniel, Principal**  
**Roe Nina Bolton, Assistant Principal**  
**Shanquanletha Veal, Counselor**  
**Jeree' Simmons, Administrative Assistant**

### School Asthma Plan

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

School: \_\_\_\_\_ Age: \_\_\_\_\_

Instructions to School

1. If coughing or wheezing, give:
  - Albuterol 2-4 puffs with/without spacer and notify parent/guardian
  - Albuterol 1 treatment via nebulizer and notify parent/guardian
  
2. Pre-Medication, give:
  - Albuterol 2-4 puff with/without spacer 15-30 minutes prior to exercise
  - Albuterol 1 treatment via nebulizer 15-30 minutes prior to exercise
  
3.  Recommend that student be allowed to carry and self- administer all asthma medications
  
4.  Recommend that school nurse/personnel administer asthma medications and notify parents
  
5. Other instructions: \_\_\_\_\_  
 \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Physician Signature: \_\_\_\_\_