

Return only for students with asthma.



**Andrews Osborne**  
**ACADEMY**

**Deadline: August 1 2009**

**All Current Medications**

Name of Medication	Dosage	Time
1		
2		
3		
4		

**Medications to be Given at School**

Name of Medication	Dosage	Time
1		
2		
3		
4		

**Steps for an Acute Asthma Episode (to be completed by physician)**

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Parent/Guardian Signature

Date

Physician Signature

Date