

**Newton County School District  
School Asthma Plan**

Elementary School Nurse: Patty Gibson, RN  
Phone: 601-635-2325 or 601-635-2956  
Fax: 601-635-4074

Middle/High School Nurse: Rae Hollingsworth, RN  
Phone: 601-635-2718 or 601-635-3347  
Fax: 601-635-4045

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

Student Age \_\_\_\_\_ Grade \_\_\_\_\_ HR Teacher \_\_\_\_\_

**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. Inhaler Instructions:**

\_\_\_ Recommend that student be allowed to carry and self-administer all asthma medications.

\_\_\_ Recommend that school nurse/personnel administer asthma medications and notify parent/guardian.

**4. Other instructions:**

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**Parent Signature**

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**Physician Signature**