

The West Virginia Asthma Coalition Asthma Friendly School Award Signature Form



To complete this form:

The school nurse's signature is required on items 1 - 3. The school principal's signature is required on items 4-5 and at the bottom of the page.

School: _____

Address: _____ City: _____

Zip: _____ County: _____ Phone: _____

Fax: _____ Date of Form Submission: _____

Nurse's name (print) _____ Nurse's e-mail: _____

Award Requirement	Signature of Person Certifying Completion	Date Completed
1. Asthma Action Plan or Asthma Intervention Guides are on file for each student at the school who is diagnosed with asthma.	(Nurse's Signature)	
2. School nurse or other designee provides asthma education for school staff and students with asthma.	(Nurse's Signature)	
3. Procedure and assessment process is in place to allow students to carry and administer their inhaler.	(Nurse's Signature)	
4. West Virginia Department of Environmental Protection's Idle Free Zone signs are posted on school grounds.	(Principal's Signature)	
5. School Wellness Committee or other assigned committee completes, reviews and addresses issues found using the EPA's Indoor Air Quality checklists.	(Principal's Signature)	

Yes! I have notified my county's Superintendent of this accomplishment!

Principal's Name (Print): _____ Phone: _____

Principal's Signature: _____ Date: _____

To submit application, please fax this form to Megan Moore, WVAC Manager at: 304-342-6096.

For more information, visit www.wvasthma.org.