Asthma-Friendly Schools Recognition Interest Form

Thank you for your interest in the Florida Asthma Coalition's Asthma Friendly Schools Recognition.

We are excited that you are embarking on this endeavor and taking the first step towards recognition as an Asthma-Friendly School. Please complete the Interest Form and submit it to info@floridaasthmacoalition.com. Once received, an Asthma-Friendly Mentor will contact you within one week to assist with the application process.

Please feel free to familiarize yourself with the Asthma-Friendly School application in advance to become knowledgeable of the levels of recognition and their requirements.

Topics include:

- **Basic asthma information**
- **Identifying and controlling asthma triggers**
- **Understanding asthma medications and the Asthma Action Plan**
- **Recognizing the warning signs of an asthma episode or attack**

Your Contact Information:

First Name

Last Name

E-Mail Address

Phone Number

Position / Role (Check all that apply):

- ☐ Administrator
- ☐ Teacher / Faculty (subject area taught below)
- ☐ Social Worker / Counselor School Nurse
- ☐ Health Tech
- ☐ Other (please specify)
- ☐ Parent / Guardian
- ☐ School Volunteer
- ☐ Nutrition Services
- ☐ Custodial Worker
- ☐ Bus Driver
- ☐ School District Staff

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FLORIDA ASTHMA COALITION

School district and county:

School Name:

School Level (check all that apply):

- ☐ Pre-K
- ☐ Elementary
- ☐ Middle
- ☐ High

Please check type of school

- ☐ Public
- ☐ Private
- ☐ Charter
- ☐ Other (please specify):

Is this a Title 1 school?

- ☐ Yes
- ☐ No
- ☐ Not Sure