



School Asthma Action Plan/Medication Authorization Form



Mecklenburg County Public Health

:	:
---	---

To be completed by healthcare provider.

In addition to this form, complete the authorization for self-medication if student will self-carry and/or self-medicate.

Check Asthma Severity Classification: Intermittent Mild Persistent Moderate Persistent Severe Persistent

Is student using peak flow? Yes, personal best is _____. No

Respiratorn00.48 0.48 8(i)1