



School Asthma Action Plan/Medication Authorization Form



Mecklenburg County Public Health

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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

Respiratorn90.48 0.48 8(i)1
