Asthma Action Plan

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	Below 50% of personal best		
This Asthma Action Plan provides authorization for the administration of medicine described in the AAP.	This Asthm	a Action Plan provides authorization for the administration of me	dicine described in the AAP.
This child has the knowledge and skills to self-administer quick-relief medicine at school or daycare with approval of the	This child h	has the knowledge and skills to self-administer quick-relief mec	dicine at school or daycare with approval of the school nurse.
DATE: / MD/NP/PA SIGNATURE)ATE: / /	MD/NP/PA SIGNATURE	
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This consent may supplement the school or daycare's consent to give medicine and allows my child's medicine to be given at school/daycare.	his consent may supplemer	nt the school or daycare's consent to give medicine and allows m	ny child's medicine to be given at school/daycare.
My child (circle one) may / may not carry, self-administer and use quick-relief medicine at school with approval from the school nurse (if ap	<i>I</i> ly child <i>(circle one)</i> may /	may not carry, self-administer and use quick-relief medicine at	t school with approval from the school nurse (if applicable).
DATE: / PARENT/ GUARDIAN SIGNATURE)ATE: / /	PARENT/ GUARDIAN SIGNATURE	
FOLLOW-UP APPOINTMENT INPHONE			
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