

Anne Arundel County Department of Recreation and Parks
School Age Child Care Division

ASTHMA ACTION PLAN ADDENDUM

School Age Child Care requires an Asthma Action Plan (form 4643) be completed by the parent/guardian. A physician must complete the Asthma Action Plan addendum.

PLEASE COMPLETE AND SIGN THE FOLLOWING STATEMENT FOR SELF-ADMINISTRATION OF INHALERS:

*I have instructed _____ in the application of inhaler use.
It is my professional opinion that he/she is capable of self-administration.*

Health Practitioner Signature

Date

Print or stamp name, address, phone number and title

Parent/Guardian Signature

Date

PARENT TO COMPLETE

Child's Name _____

Center Name _____