



STUDENT ASTHMA PLAN

To be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/Caregivers should inform the school immediately if there are any changes to the plan.

Student's Full Name: M / F (please circle) Class

Date of Birth:/...../..... Doctor Telephone

Emergency contact (eg, parent, carer):

Name:..... Relationship:.....

Telephone: Mobile(home) (work)

Name:..... Relationship:.....

Telephone: Mobile(home) (work)

Child's symptoms (eg, cough):.....

Triggers (eg, exercise, pollens):.....

Table with 3 columns: Name of Medication, Method (e.g. puffer, spacer, etc), When and how much. It contains three empty rows for data entry.

In an Emergency, follow the Plan below that has been ticked (✓)

Form with two columns. Left column: [] Standard Asthma First Aid Plan. Right column: [] My Child's Asthma Action Plan (attached). The left column contains four numbered steps for the first aid plan.

Additional comments

I authorise school staff to follow the preferred Asthma First Aid Plan and assist my child with taking asthma medication should they require help. I will notify you in writing if there are any changes to these instructions. Please contact me if my child requires emergency treatment or if my child regularly has asthma symptoms at school.

Signature of Parent/Carer..... Date:.....