



School Asthma Plan



To be filled in by the Parent/Carer

Child's Name: Date of Birth:

Address:

Parent/Carer's Name: Tel Number:

Doctor/Nurses Practice: Tel Number:

Does your child tell you when he/she needs medicine? Yes ☐ No ☐

Does your child need help taking his/her asthma medicine? Yes ☐ No ☐

What are your child's triggers (things that make their asthma worse)?

Does your child need to take any medicines before exercise or play? Yes ☐ No ☐

If yes, please describe below:

Medicine:

How much/when taken:

Does your child need to take any other asthma medicines while in the school's care?

Yes ☐ No ☐

If yes, please describe below:

Medicine:

How much/when taken:

Expiry Date of Medication:

Reliever treatment when needed

For wheezing, coughing, shortness of breath or sudden tightness in the chest, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine:

What signs can indicate that your child is having an attack?

What to do in an Asthma Attack

1. Make sure the child takes two puffs of their reliever (blue) inhaler, preferably through a spacer.
2. Sit the child up and ensure any tight clothing is loosened
3. If no immediate improvement during an attack, make sure the child continues to take one puff of reliever inhaler every minute for five minutes or until their symptoms improve.
4. If the child's symptoms do not improve in five minutes – or if you are in doubt – call 999 or a doctor urgently.

This information is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines should be clearly labelled with your child's name and kept in agreement with the School's Policy.

I authorise my child to self-administer the Asthma medication detailed above. I also consent to my child using a school inhaler in an emergency or should their own either fail or not be available.

Signed: Date: