



Personalised Action Plan

Students with Asthma

Teachers should help to ensure that students with asthma have a personalised action plan. This will be kept in the second drawer in the sickbay. We recommend that the school has medication in our drawer, labelled with your child's name.

A photocopy of this page should be filled in by the parents or guardians, student and principal.

1 Students name:

.....
Age.....

Asthma Symptoms (please describe):

(**Example:** My child usually has very mild symptoms twice each month. Attacks can be severe and usually occur about three times each year. Never in hospital with asthma).

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2 Parents' or guardian's name and address:

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.....
.....

3 Phone numbers:

Home:

Someone will usually be home on the following days:

Work:

Friend / Relative:

In an emergency, please contact:

Name.....

Address:.....

.....

Phone Number:.....

4. Family Doctor:

Name:

Address:.....

.....

Phone Number.....

Asthma Treatment:

Medicine	Dose	Time

Treatment for an asthma attack at school:

Medicine	Dose	Time

NB Please be sure to complete the section above if your child has troublesome asthma:

Other Information (if any):

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Additional medication at school is kept at:

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In the event of a serious asthma attack the school will act as follows:

- Use 'schools asthma' inhaler
- Call 111 if attack still occurs (still occurring)
- Phone parents at above number.

Signed _____ Parent

Date _____