

Personalised action plan for students with asthma

Teachers should help to ensure that students with asthma have a personalised action plan. This would be kept in a safe accessible place at school.

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).

.....

2 Parents' or guardian's name and address:

.....

3 Phone numbers:

(a) **Home:**.....

Someone will usually be home on the following days:

(b) **Work:**.....

(c) **Friend/Relative:**

In an emergency please contact:

Name:

Address:.....

Phone Number.....

4 Family Doctor:

Name:.....

Address:

Phone Number:.....

5 Asthma treatment:

Medicine	Dose	Time

6 Treatment for an asthma attack at school:

Medicine	Dose	Frequency

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

Other information (if any):

.....

7 Additional medication at school is kept at:

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

.....

Signed _____
 (parent or guardian)

Dated _____