**School Asthma Plan**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of **reliever** inhaler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Colour**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I take \_\_\_\_\_\_\_ puffs of my **relieve**r inhaler using a spacer.

Name of **preventer** inhaler: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Colour: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I only use my **preventer** inhaler when I am at home.

When my inhaler(s) are running low, my parent/guardian will replace them

If I need to use my **reliever** inhaler more often more than prescribed please advise my parent/guardian so they can organise a review with my asthma nurse/GP.

**When I have an asthma attack: I may need to take my reliever:**

I start coughing Before exercise

I start wheezing After exercise

I find it hard to breathe When there is high pollen

My chest becomes tight During cold weather

Other (described below) Other (described below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* I confirm that my child has been diagnosed with asthma
* I confirm that my child has been prescribed an inhaler
* My child has a working, in-date, inhaler and space in school, clearly labelled

with their name

* **I consent for my child to receive salbutamol from an emergency inhaler, held**

**by the school, if their own inhaler is not available or is unusable**

**Parent/Guardian name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Please note that this is a generic asthma plan for school-aged children. If your child has a more detailed asthma plan it is essential that the school is informed so that we can keep your child safe.)**