

School asthma plan

Name: _____ Class: _____

My **reliever** inhaler: NAME (COLOUR)

I take ___ puffs of my **reliever** inhaler using a spacer.

My **preventer** inhaler: NAME (COLOUR)

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

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



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

When I have an asthma attack:

- I start coughing
- I start wheezing
- I find it hard to breathe
- My chest becomes tight
- Other (describe below):

I may need to take my reliever:

- Before exercise
- After exercise
- When there is high pollen
- During cold weather
- Other (describe below):

Parent/guardian name: _____

Relationship to child: _____ Contact no.: _____

Parent/guardian signature: _____ Date: _____

Child's signature: _____

Important: 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 they can keep your child safe.

TIME

In an emergency see School Asthma Poster

