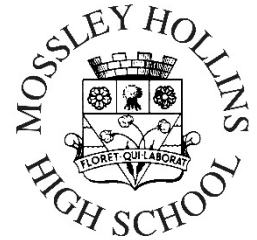


School Asthma Plan.



Name :

Form:

My reliever inhaler is :NAME.....,(COLOUR).....
 I takepuffs of my reliever inhaler everyup to
 a maximum of

My Preventer inhaler is : 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 per 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 N^o :

Parent/Guardian Signature : Date :

Child's signature : Date :

Important: This is a generic asthma plan for school-aged children. If your child has a more detailed asthma plan issued by your Asthma Nurse/GP, it is essential that the school is informed so they can keep your child safe.