



School Action Plan to be completed for children with asthma by child and parent/guardian and returned to school.

Date:

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| <p>Name:.....</p> <p>Date of birth:.....</p> <p>Allergies:.....</p> <p>Emergency contact:.....</p> <p>Emergency contact number</p> <p>Doctor's phone number:.....</p> <p>Class.....</p> | <p>Affix photo here</p> |
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| <p>What are the signs that you/your child may be having an asthma attack?</p> <p>Are there any key words that you/your child may use to express their asthma symptoms?</p> |
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| <p>What is the name of your/your child's reliever medicine and the device?</p> | | |
| <p>Does your child have a spacer device? (please circle)</p> | <p>Yes</p> | <p>No</p> |
| <p>Does your child need help using their inhaler? (please circle)</p> | <p>Yes</p> | <p>No</p> |

What are your/your child's known asthma triggers?

Do you/your child need to take their reliever medicine before exercise? (please circle) Yes No

If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.

Signed..... Date.....

Print Name..... Relationship to child.....



CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)

2. My Child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/that will be left at school (delete as appropriate)

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Signed.....

Date.....

Name (print).....

Relationship to child.....

Child's Name.....

Class.....

Parent's address and contact details:

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