



## Winchester School

# Personalised Action Plan for Students with Asthma

Teachers should help to ensure that students with asthma have a personalised action plan. This form should be completed by the parents or guardians and will be kept in a safe accessible place at the school.

**Student 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.*] \_\_\_\_\_

**Parents' or Guardians' name and address:**

Phone: Home \_\_\_\_\_

Work \_\_\_\_\_

**Friend / Relative to contact in an emergency:**

Name & Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Family Doctor** (Name & Address) \_\_\_\_\_

Phone: \_\_\_\_\_

### Asthma Treatment

Medicine \_\_\_\_\_ Dose \_\_\_\_\_ Time \_\_\_\_\_

**Treatment for an Asthma Attack at school** (please be sure to complete if your child has troublesome asthma):

Medicine \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

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) Date: \_\_\_\_\_