

## Pupil's Individual Plan if they are unable to provide a copy of their Personalised Asthma Action plan from their asthma nurse or doctor - for reference

School Name		
Pupil's Name		Group/Class/Form
Pupil's name	Date of Birth	Allergies
Parent/Carer Name	Phone Number	Alternative Number
GP Address and Phone Number		
<p><b>Child/Young Persons Typical Asthma Symptoms</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I start coughing</li> <li><input type="checkbox"/> I start wheezing</li> <li><input type="checkbox"/> I find it hard to breathe</li> <li><input type="checkbox"/> My chest becomes tight</li> <li><input type="checkbox"/> Other (describe)</li> </ul>	<p><b>I may need to take my reliever inhaler (blue)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Before Exercise</li> <li><input type="checkbox"/> After Exercise</li> <li><input type="checkbox"/> When pollen is high</li> <li><input type="checkbox"/> When it is cold</li> <li><input type="checkbox"/> Other (describe)</li> </ul>	
Triggers of my asthma		
<p>My Inhalers</p> <p>My Reliever inhaler (Name) _____ (Colour) _____</p> <p>I take _____ puffs using a spacer</p> <p>My Preventer inhaler (Name) _____ (Colour) _____</p> <p>I only use my preventer inhaler when I am at home</p>		
What to do if I'm having an asthma attack		
<p>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.</p> <p>Signed.....</p> <p>Date.....</p> <p>Print Name.....</p> <p>Relationship to child.....</p>		