Asthma Treatment Plan

CITY OF LONDON FREEMEN'S SCHOOL

Photo

Child's Name: _____

DOB: _____

What medication is your child prescribed for asthma? (Please include doses)

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-
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Does your child have a spacer?	**Yes**	**No**
Does your child need help taking his/her asthma medicine?	**Yes**	**No**
Does your child tell you when he/she needs medicine?	**Yes**	**No**
Any medication needed before exercise or play?	**Yes**	**No**

If yes, please describe below:

Medicine	How much and when taken

Triggers (things that make their asthma worse)?

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-
-
-

Emergency/Reliever treatment:

For wheeze, cough, shortness of breath or sudden tightness in the chest, give or encourage my child to take the medicines below. (Please include how many puffs)

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As well as the inhaler your child is carrying would you like the Medical Centre to hold a spare inhaler? **Yes** **No**

If yes, please supply a named inhaler to the Medical Centre and make a note of the expiry date. These will be taken off site, along with this plan by a first aider when your child goes on any trips.

It is the parents responsibility to ensure the inhalers children carry are named and in date. Thank you for your support in this.

The asthma policy is available on request.

Emergency contacts:

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-

Parent's signature: Date:

School Nurse: Date:
