



ASTHMA MANAGEMENT PLAN

To be completed by the parent/guardian of a child who suffers from asthma. If your child does not suffer from asthma, please disregard this form.

Students name: _____ Male / Female
Parent/Guardian phone no: Home _____ Work _____

Medical Information:

Name of Doctor treating your child for asthma: _____ Ph: _____

HOW SEVERE IS YOUR CHILD'S ASTHMA?

Your child requires asthma medication most weeks of the year? Yes / No
Your child wakes regularly at night with asthma? Yes / No
Has your child required urgent medical attention for asthma in the past year? Yes / No
Is your child's peak flow consistently below expected, despite optimal treatment? Yes / No

PEAK FLOW

Does your child have a peak flow meter? Yes / No
What is their normal reading? Yes / No

WHAT ARE THE TRIGGER FACTORS FOR YOUR CHILDS ASTHMA

Is your child's asthma triggered by any of the following factors?

Dust	Yes / No	Pollens	Yes / No	Plants	Yes / No
Moulds	Yes / No	Animal Fur	Yes / No	Fuel Fumes	Yes / No
Cold Conditions	Yes / No	Exercise	Yes / No		

Food Preservatives
Flavourings (e.g. MSG)
Artificial food
Specific food or food groups (e.g. wheat or dairy products)?
Any other known triggers of additional information?

Plan of Management:

In order to give assistance to a student in distress, we need to know the following information and a preventative plan of management.

Summarise a prevention plan of management to undertake to prevent the onset of a major attack.

What are the warning signs for the onset of a major attack?

Outline the best strategies for obtaining relief of the attack

What asthma medication does your child take? (please circle the preventer or reliever medication used by your child)

Preventers: Becotide, Becloforte, Aldecin, Pulmicort, Intal, or Intal Forte
Other (please specify) _____

Reliever: Bricanyl, Respolin, Ventolin, or Atrovent
Other (please specify) _____

Please indicate if you would like your child's asthma medication to be kept in the health room or with them at all times _____

Date: _____ Signed: _____