Asthma Plan

TAWHAI SCHOOL
EMPOWERING OUR CHILDREN TO SUCCEED IN AN EVER CHANGING WORLD
Hei whakakaha i ngā tamariki kia whaimana i roto i tēnei ao huri noa

Student's Name:

Parent/Caregiver:	Home Phone:	Work Phone:	Cell Phone:
Alternate Contact:	Home Phone:	Work Phone:	Cell Phone:
Usual Doctor:		Doctors Telephone No:	
Please describe your child's asthma:			

What brings on your child's asthma?

☐ Cats ☐ Fumes ☐ Foods	☐ Dogs ☐ Cold air ☐ Humidity	☐ Pollen ☐ Dust & Dust Mites ☐ Chest Infections	☐ Mould ☐ Chalk dust ☐ Smoke

Has your Doctor written an Asthma Action Plan? ☐ Yes ☐ No

(For information about Asthma Action Plans, contact your Doctor or the Asthma Educator, Wellington Regional Asthma Society Inc, 04 237 4520)

Name of Asthma medicine taken at home:	How much?	How often?

Medicine to be kept in school medical room:	When should it be given? (e.g. before exercise/when wheezing or short of breath etc)	How much should be given?

Please clearly label any medicines to be left in the school medical room

PLEASE CONTACT THE SCHOOL IF THERE ARE ANY CHANGES TO MEDICINES

I agree to Tawhai School staff administering a reliever inhaler to my child in an emergency. I understand that the school will inform me if this medicine is used.

Signed : _____ Date : _____

School staff note: Call an ambulance

- If the student can't walk, talk, or breathe because of asthma
- If there is any blueness of the lips
- If there is no response to the reliever inhaler
- If they look very ill

This information is being collected for the purposes of informing school staff about your child's needs regarding asthma