

# Offley Primary



## School Action Plan

## Academy

Date:

<p>Name:.....</p> <p>Date of birth:.....</p> <p>Allergies:.....</p> <p>Emergency contact:.....</p> <p>Emergency contact number .....</p> <p>Doctor's phone number:.....</p> <p>Class.....</p>	<p>Affix photo here</p>
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What are the signs that you/your child may be having an asthma attack?

Are there any key words that you/your child may use to express their asthma symptoms?

What is the name of your/your child's reliever medicine and the device?

Does your child have a spacer device? (please circle)      Yes      No

Does your child need help using their inhaler? (please circle)      Yes      No

What are your child's known asthma triggers?

Do you/your child need to take their reliever medicine before exercise? (please circle)      Yes      No

If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

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.

Signed.....      Date.....

Print Name.....      Relationship to child.....

Review:  
September 2020

Offley Primary



Academy

*“Joy in Learning, a fun, challenging journey, to be the best we can be.”*