

ASTHMA MANAGEMENT PLAN

This Asthma Plan is to be completed and signed by a Medical Practitioner and is updated yearly.

Students Name.....

Date of Birth

Class.....

Dear Doctor, Please circle appropriate answers clearly:

The student's Asthma is: Mild Moderate Severe Seasonal

Usual signs of student's Asthma:

Wheezing Tightness of chest Coughing Difficulty in breathing Difficulty in speaking

What triggers student's Asthma:

Exercise Colds/Viruses Animal's Pollens Dust

Other.....

Name of Medication	Method:	Amount:	When to be taken:

Does the student need assistance taking their medication Yes No

Does the student need medication before exercise? Yes No

Will the student be carrying their own medication Yes No

The student's medication will be stored in the first aid room Yes No

Doctors Name:

Doctors Signature:

Date

Parents/Guardians please read and sign:

The Medication Policy at St Columba College outlines:

- Your child cannot be given medication unless the College has received a Medication Plan from a Doctor permitting the student to receive the prescribed medication.
- For students diagnosed with Asthma, allergies or any other medical condition requiring medication for treatment, the College must require a yearly updated Asthma Plan or Medication Plan signed by a Doctor.
- If a Student does not have a signed doctors plan allowing Ventolin to be administered to the student when needed then a parent/caregiver will be phoned to come to the school and if unavailable ,then an ambulance will be called and the parent/ caregiver will be responsible for the costs.
- Please also be aware that an “emergency” is classified as an event that requires an ambulance to be called
- The College Ambulance policy is only covered for injuries that result in accidents that occur at the college.
- In the event that my child requires Asthma medication as prescribed by the medical practitioner, I authorise St Columba College staff to assist my child with taking the medication as prescribed by the Medical Doctor.
- If there are any changes to this plan, I will notify the College and resent an updated plan if necessary.
- I have read and understood the above information.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____ Date: _____

