

School Asthma Plan

Child's Name:

The name of my child's medication is:

and it's colour is:

My child uses their inhaler when:

When my child takes their inhaler, he/she take _____ puffs (*number of puffs*)

My child uses a spacer with their inhaler: Yes No

My child's asthma is getting worse when:

- 1.
- 2.
- 3.

These things have been known to trigger my child's asthma:

- Pollen Exercise Cold/Flu Stress Weather Air Pollution
 Other (*please specify*)

When my child's asthma gets worse, you should:

Parent Name:

Signature:

Date: