



Asthma Management



Appendix 3:

Template Asthma Management Plan

Student ASTHMA MANAGEMENT PLAN		
This Plan outlines how insert school name will support the student's health care needs, based on health advice received from the student's family.		
Student Name: insert student name		
Date of Birth: Click or tap to enter a date.		
Year Level: Insert year level		
Proposed date for review of this Plan (Yearly): Click or tap to enter a date.		
Parent/Carer Contact Information (1) Name: insert name Relationship: insert relationship Home Phone: insert home phone Work Phone: insert work phone Mobile: insert mobile number Address: insert address	Parent/Carer Contact Information (2) Name: insert name Relationship: insert relationship Home Phone: insert home phone Work Phone: insert work phone Mobile: insert mobile number Address: insert address	Other Emergency Contacts (if parent/carer not available) Name: insert name Relationship: insert relationship Home Phone: insert home phone Work Phone: insert work phone Mobile: insert mobile number Address: insert address
Please acknowledge that you have attached a current Asthma Action Plan that has been signed and dated by a Medical Practitioner: <input type="checkbox"/> Asthma Action Plan Attached		
Medical / Health Practitioner Contact Details: Insert Medical / Health Practitioner Details Any other health Concerns / Issues: Insert any additional concerns or issues: _____		
Mark those who will receive copies of this Asthma Management Plan <input type="checkbox"/> Student's Family <input type="checkbox"/> School <input type="checkbox"/> Other: insert details		

The following Asthma Management Plan has been developed with my knowledge and input:

Name of Parent / Carer: insert name of parent / carer

Routine supervision for health-related safety	Parents are to ensure their child has in-date asthma medication and that a current Asthma Action plan is provided to the school Principal to ensure that first aid supplies available in the school meet the requirements for students with asthma or who have an asthma attack.	Parents Principal or delegate
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