



Bramley C of E Infant and Nursery School  
An Academy in the Good Shepherd Trust

Birtley Road, Bramley, Guildford, GU5 0HX  
Telephone: 01483 892346  
Email: [office@bramley.surrey.sch.uk](mailto:office@bramley.surrey.sch.uk)  
[www.bramley.surrey.sch.uk](http://www.bramley.surrey.sch.uk)

Executive Headteacher: Miss Anna De Filippis  
Head of School: Naomi Strickland



## Asthma Action Plan

Pupil name		Affix photo here
Date of birth		
Class		
Allergies		
Emergency contact name		
Emergency contact number		

## Medicine

Reliever medicine (as named/described on the container)	
Dose	
Does your child have a spacer device?	Yes / No
Does your child need help using their inhaler?	Yes / No
Should your child use their inhaler at a regular time of day?	Yes / No      Timing/s:
Does your child need to take their reliever medication before exercise?	Yes / No
If YES, your child should warm up properly and will be told/supported to take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise, unless indicated below:	
Please outline any alternative instructions for inhaler use before exercise:	

## Symptoms

What are the signs that your child may be having an asthma attack?	
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Are there any key words that your child may use to express their asthma symptoms?	
What are your child's known asthma triggers?	
Procedures to take in an emergency	

### Consent

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	
Full name	
Relationship to child	
Date	

### CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

In the event of your child showing symptoms of asthma/having asthma attack:

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My Child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/that will be left at school (delete as appropriate)
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Signed	
Full name	
Relationship to child	
Date	