



**Avondale Primary School**  
**Student Asthma Management Plan**

**Asthma Details**  
(Filled in by parent)

Name of Child: .....

Date of Birth: .....

Name of Parent: .....

Phone: .....

(Mobile or best number for quick contact)

Doctor: .....

Doctor's phone: .....

Date of last hospital visit: .....

Asthma Plan in case of attack: .....

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.....

**Record of Treatment**  
(Filled in by supervising staff member)

<b>Time</b>	<b>Medication</b>	<b>Observations</b>
<i>10.45am; 19/10</i>	<i>4 puffs of ventolin</i>	<i>Lay in bed for 20 mins; shallow breathing</i>