



International School Bangkok Asthma Management Plan

Student Family Name: _____ Given Names: _____

Date of Birth (DD/MM/YY): _____ Student entering grade: _____

Asthma Diagnosed (year): _____

Severity of Asthma: Severe Persistent Moderate Persistent

Number of hospitalizations in last 5 years: _____

Triggers for asthma: _____

Medication:

Medication	Dose	Frequency

When well (Breathing good, no cough or wheeze, sleeps through the night, can work and play):

Medication: _____

Requires medication before exercise May require medication whilst exercising Other, please state _____

When starting to suffer symptoms (First signs of a cold, exposure to trigger, cough, wheeze, tight chest):

Continue above medication

Give reliever _____ (medication) _____ puffs

If better following reliever continue reliever medication _____ puffs every _____ hours for _____ hours.

If ongoing symptoms after 24 hours see doctor.

If no improvement continue as for Severe symptoms below

Severe symptoms (medicine not helping, breathing is hard and fast, can not talk well, anxious):

Give reliever _____ (medication) _____ puffs

If not improving or getting worse transfer to hospital

If improving after reliever continue reliever medication _____ puffs every _____ hours and see doctor

Location of medication to be stored at school Health Centre Student

Is it appropriate for the student to carry his/her own medications? Yes No

Can the student self-administer their medications (understands when and how to administer)? Yes No

I have discussed with the above named student and their parents the correct use of the above medications. They are aware of possible side effects of the medications.

Signature of Medical Practitioner: _____ Date (dd/mm/yy): _____

Name of Medical Practitioner: _____

Qualifications: _____

Official Stamp:



International School Bangkok
Parental Consent for the administration of medication to treat asthma

Student Family Name: _____ Given Name: _____

Date of Birth (dd/mm/yyyy): _____ Student entering grade: _____

I/We consent to ISB providing information regarding my child's asthma to employees and associates of the International School Bangkok, and permission to give my/our child named above the medication prescribed by the doctor for the treatment of asthma both on campus and for off campus trips.

I/We accept full responsibility in the event that my child has any adverse reaction to the medication, provided that the medication was administered in accordance with the doctor's instructions.

I/We consent for our child to carry their own medication with them at school and on off campus trips Yes No

I/We will ensure our child has their asthma reliever medication available to them at all times whilst on campus (either carried by our child or in the Health Centre) and for off campus trips. I/We will replace all expired medication as required and inform the Health Centre of any changes by updating Powerschool.

Signed: _____ Signed: _____

Name: _____ Name: _____

Date (dd/mm/yyyy): _____ Date (dd/mm/yyyy): _____

Student Consent to Carry Medication

I _____ (Student name), agree to carry my own medication for the treatment of asthma.

I have been instructed in the proper use of my medication and fully understand when and how it is to be administered. I will keep this medication with me at all times while on campus and during off campus trips. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my medication, the privilege of carrying my medication may be reassessed and/or revoked. I also accept the responsibility for notifying the Nurse each time I take my medication. I understand I am responsible for looking after my medication and ensuring it has not expired.

Signed: _____ Date (dd/mm/yyyy): _____