

Junior Swimmer Asthma Action Plan

Swimmer Details

Name

Date of Birth

Parent/Guardian Name

Emergency Contact

Doctor Details

Doctor's Name

Phone

Daily Asthma Management

Medications Taken Daily (Names & Dosages)

Before Swimming Routine (if any)

Asthma Signs & Actions

Signs that Asthma is Under Control

Mild Asthma Symptoms Actions

Severe Asthma Symptoms Actions

Steps to Take in an Emergency

Additional Information

Triggers (e.g., chlorine, cold air)

Notes
