Clayton St John CofE Primary School

Asthma Health Care Plan

Date:……..

Child's Name	
Class	
Date of Birth	
Child's Address	
Date Asthma diagnosed	

Family Contact Information (x3 in case of emergency)

Parent/Carer Name (Relationship)	
Home No	
Work No	
Mobile No	
Parent/Carer Name (Relationship)	
Home No	
Work No	
Mobile No	
Parent/Carer Name (Relationship)	
Home No	
Work No	
Mobile No	

G.P

Name	
Phone No.	

Clinic/Hospital Contact

Name	
Phone No.	

Describe how the asthma effects your child including their typical symptoms and asthma 'triggers'.

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose. (E.g. once or twice daily, just when they have asthma symptoms, before sport).

Describe what an asthma attack looks like for your child and the action to be taken if this occurs.

Advice for Parents/Careers

Remember it is your responsibility:

- to tell the school about any changes in your child's asthma and/or their asthma medication.
- to ensure that your child has their 'relieving' medication and a 'spacer' with them in school and that it is clearly labelled with their name/class.
- that your child's asthma medication has not expired.

I consent that I am happy that the above information has been passed onto emergency care staff in the event of an emergency during school hours or during after school activities.

I give permission for the Emergency Inhaler (Salbutamol) to be administered should the occasion arise. Please note we will contact you if we have administrated the emergency inhaler.

Parent/Carer Signature:…….. Date:…….

Name of Parent/Carer:…….