**School Asthma Health Care Plan**

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| --- | --- |
| Child’s Name |  |
| Date of Birth |  |
| Tutor Group |  |
| Child’s Address |  |
| Date Asthma Diagnosed |  |

**Family Contact Information**

|  |  |
| --- | --- |
| Parent/Carer’s Name |  |
| Phone No - Work |  |
| Phone No – Home |  |
| Phone No – Mobile |  |
| Parent/Carer’s Name |  |
| Phone No – Work |  |
| Phone No – Home |  |
| Phone No – Mobile |  |
| Who is to be contacted in an emergency? Please give 3 contacts if possible. |  |

**GP**

|  |  |
| --- | --- |
| Name |  |
| Phone No |  |

**Clinic/Hospital Contact**

|  |  |
| --- | --- |
| Name |  |
| Phone No |  |

|  |
| --- |
| Describe how the asthma affects your child including their typical symptoms and asthma ‘triggers’ |
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| --- |
| Describe their daily care requirements including the name of their asthma medicines, how often it is used and the dose  (e.g. once or twice a day, just when they have asthma symptoms, before sport) |
|  |

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

I would like my son/daughter to keep their inhaler on their person for use as necessary

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for school to administer my child’s inhaler if necessary

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give consent for my child to use the school emergency inhaler in the event that my child does not have their own inhaler in school.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advice for parents**

**Remember:**

1. **It is your responsibility to tell the school about any changes in your child’s medical condition and/or their asthma medication.**
2. **It is your responsibility to ensure that your child has their relieving medication with them in school and that it is clearly labelled with their name. We also ask that your child has a spare, clearly labelled inhaler in its original box which will be kept in the first aid room.**
3. **It is your responsibility to ensure that your child’s medication has not expired.**
4. **Your child should not be exposed to cigarette smoke.**