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# Health Care Plan - ASTHMA

|                       |  |
|-----------------------|--|
| Name of child         |  |
| Class                 |  |
| Date of birth         |  |
| Address of child      |  |
| Date Asthma diagnosed |  |
| Date Completed        |  |
| Attendance at Meeting |  |
| Review Date           |  |

## Family Contact Information

|              |        |  |
|--------------|--------|--|
| Name         |        |  |
| Relationship |        |  |
| Phone Number | work   |  |
|              | home   |  |
|              | mobile |  |

|              |        |  |
|--------------|--------|--|
| Name         |        |  |
| Relationship |        |  |
| Phone Number | work   |  |
|              | home   |  |
|              | mobile |  |

## Clinic/Hospital Contact

|              |  |
|--------------|--|
| Name         |  |
| Phone Number |  |

## GP

|              |  |
|--------------|--|
| Name         |  |
| Phone Number |  |

**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 medicine(s), how often it is used and the dose. (E.g. once or twice daily, just when they have symptoms, before sport)**

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

**Follow up care**

**Who is responsible in an emergency (*state if different for off-site activities*)**

**Form copied to:**

**Signatures:**

|                        |                        |
|------------------------|------------------------|
| Parent:                | Parent:                |
| Named Person – School: | Named Person – School: |
| School Nurse:          |                        |

Remember:

- It is your responsibility to tell the school about any changes in your child’s asthma and/or their asthma medication.
- It is your responsibility 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.
- It is your responsibility to ensure that your child’s asthma medication has not expired.
- It is your responsibility not to expose your child to cigarette smoke.

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

Parent/Guardian Signature.....

Date.....

Name of Parent/Guardian  
(printed).....