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**Asthma Health Care Plan**

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| --- | --- |
| Child’s name  |  |
| Class  |  |
| Date of birth  |  |
| Child’s Address  |  |
| Date Asthma diagnosed  |  |

**Family Contact Information (x3 in case of emergency)**

|  |  |
| --- | --- |
| Parent/Guardians Name(Relationship)  |  |
| Phone no. Home  |  |
| Work  |  |
| Mobile  |  |
|   |  |
| Parent/Guardians Name(Relationship)  |  |
| Phone no. Home  |  |
| Work  |  |
| Mobile  |  |
|   |  |
| Parent/Guardians Name(Relationship  |  |
| Phone no. Home  |  |
| Work  |  |
| Mobile  |  |

**G.P**

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

**Clinic/Hospital Contact (If applicable)**

|  |  |
| --- | --- |
| 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 medicine(s), how often it is used and the dose. *(E.g. once or twice daily, 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.**

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|  |

**Advice for Parents/Guardians**

**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.**

**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)……………………………………………………………………………………………………**

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Letter of consent for use of

School Emergency Salbutamol Inhaler

Child’s name……………………………………………………………….. Class…………..

Date………………………………

*From 1st October 2014 the Human Medicines Regulations 2014 will allow schools to keep a ‘Salbutamol’ inhaler for use in emergencies.*

*This will be used for any pupil with asthma or who has been prescribed an inhaler as a reliever medication.*

*This can only be used if the pupils prescribed inhaler is not available.*

*As your child is on our Asthma Register we ask that you also give your permission for the Emergency inhaler to be administered should the occasion arise.*

*Yours sincerely*

*Mrs Bell*

*Head Teacher*

In the event of my child displaying symptoms of Asthma and if their inhaler is not available or unusable I consent for my child to receive the School ‘Salbutamol’ Emergency Inhaler.

Parent/Carer Name………………………………………………………………………………..

Parent/Carer Signature………………………………………………………………………….

Date……………………………………………………..