

Asthma Health Care Plan

Pupil's Name	
Date of Birth	
Year/Form	
Pupil's Address	
Date Asthma Diagnosed	

Family Contact Information

Parents / Carers Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	
(mobile)	

G.P.

Name	
Phone no.	

Clinic/Hospital Contact

Name	
Phone no.	

Appendix 2

Describe how the asthma affects 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 a day, 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.

Who is to be contacted in an emergency? Give three contact telephone numbers

Form copied to: (to be completed by the School Asthma Lead)

ADVICE FOR PARENTS

Remember:

- 1. It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications**
- 2. It is your responsibility to ensure that your child has their 'relieving' medication and individual spacer if used with them in school and that it is clearly labelled with their name.**
- 3. It is your responsibility to ensure that your child's asthma medication has not expired.**

Appendix 2