



Asthma Care Plan

We are committed to providing quality care for children with asthma. You will be pleased to know that this school takes its responsibilities to pupils with asthma seriously and that the school has an Asthma Policy to enable all staff members to help your child manage their condition.

To ensure your child receives the best possible care at all times, we ask you to assist with the following:-

- Complete the school asthma care plan (if you are in any doubt about the treatment, please take the form to your doctor or asthma nurse for completion)
- Sign the declaration form
- Inform school immediately of any change of treatment (when appropriate)
- Ensure your child has a reliever (blue) inhaler for use in school (and a spacer if this is the usual method of delivery) as well as a home inhaler. School inhaler to be kept in school please during term time.

Child’s name Date of Birth.....

Address.....

Mobile..... Emergency contact number.....

GP Name Telephone No.....

Regular treatment to be given during school hours

Name of medication	Dosage	When to be taken

Reliever medication to be given as required

Name of medication	Dosage	When to be taken

Treatment to be taken before exercise

Name of medication	Dosage	When to be taken

Asthma Triggers (if known)

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ASTHMA DECLARATION

I (parent/carer) confirm that my child.....is :-

- a Able to take responsibility for the administration of their own reliever in school (blue) inhaler when required*
- b Unable to take responsibility for the administration of their own reliever inhaler (blue) and will require assistance from parent/carer during school hours (delete as appropriate)*

Signed (Parent\ carer) Date.....