



Form A

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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).....