



Swanbourne CE School Annual Asthma Health Care Plan

Child's Full Name:	
Date of Birth:	
Year Group	
Child's Address:	
Date Asthma Diagnosed:	

WHO TO CONTACT IN AN EMERGENCY

Name/Relationship to child	
Phone Numbers	(W) (H) (M)
Name/Relationship to child	
Phone Numbers	(W) (H) (M)

DOCTOR

Surgery Name:	
Doctors Name:	
Phone Number:	

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 (eg 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.

Due to new guidance from the Human Medicines Regulations 2014, we are now able to keep a Salbutamol inhaler in school for 'use in emergencies only' However; we still require parents/carer consent for it to be used by your child. Please select and sign below.

I do give permission for my child to be administered the school Salbutamol inhaler in case of emergency only.

I do not give permission for my child to be administered the school Salbutamol inhaler in case of emergency only

Name of Parent/Carer: _____ Signed: _____

Date: _____