The Meadows Primary School

Asthma Healthcare Plan 2021-2022

Completed by:_____ Date: _____

TO BE COMPLETED FOR EVERY CHILD ATTENDING THE MEADOWS

Child's name _____

Year Group and Class _____

Date of Birth _____

Child's Address _____

Does your child suffer from Asthma?	YES ☐ If yes, please complete the remainder of this form and return to school.
	NO ☐ If no, please strike through the remainder of this form and return to school.

Medical Diagnosis or Condition _____

Date _____

Review date _____

Emergency Contact Information

Family contact 1		**Family contact 2**	
Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

Clinic/Hospital contact		**GP**	
Name		Name	
Tel No.		Tel No.	

Describe medical needs and give details of child's symptoms:

Daily care requirements: (e.g. before sport/at lunchtime)

Describe what constitutes an emergency for your child, and the action to take if this occurs, including any follow up care required:

Asthma Medication

Name/Type of Medicine (as described on the container): _____

Date dispensed: _____

Expiry date: _____

Dosage and method of delivery: (i.e. No. of puffs, inhaler only or inhaler with spacer) _____

Any Special Precautions? _____

Are there any side effects that the school/setting needs to know about? _____

Self-Administration: Yes/No (delete as appropriate)

If no, please detail help required. _____

Emergency Inhaler Consent

Since 1st October 2014 the Department for Health have allowed schools to keep a salbutamol inhaler in school for use in emergencies. The school's inhaler would only be used when your child's own inhaler is either not working properly or is found to be unusable/empty. In order for us to be able to use the school's inhaler in an emergency, we require your written consent to do so.

I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: …… Date: ……

Name (print)……

Procedures to take in an Emergency:

We already have an asthma attack procedure in place at school. However, if there are any special procedures that your feel we should be following when treating your child, please add further details in writing on a separate piece of paper.

This Health Care Plan is due for review: Summer Term 2021

If any information changes throughout the course of this school year, please contact your child's class teacher to ensure that our records are updated. Thank you