



Long Mountain C of E Primary School
 Worthen
 Shrewsbury
 SY5 9HT
 01743 891320
 Pre-school 01743 891781
 admin@longmountain.shropshire.sch.uk

School Asthma Health Care Plan

Child's Name:	
Date of Birth:	
Class:	
Child's Address:	
Date Asthma Diagnosed:	

Family Contact Information	
Parent/Guardian Name:	
Telephone No. Contact 1:Work	
Home	
Mobile	
Contact 2:Work	
Home	
Mobile	

G.P.	
Name:	
Address:	
Telephone No:	

Clinic/Hospital Contact	
Name:	
Hospital/Organisation:	
Telephone No:	

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

Name.....Contact No.....

Name.....Contact No.....

Name.....Contact No.....

Form copied to: *(to be completed by the school asthma lead)*

New advice allows schools to have an emergency salbutomal inhaler in case your child's inhaler does not work and so this plan asks for your consent for us to give your child relieving medicine from a school inhaler if there was an emergency situation. This would be administered via a spacer which is new and would then be given to your child and a replacement spacer bought.

I give my consent for the School to administer the emergency inhaler if my child needed it because of an asthma attack and their inhaler was not working/available.

Signed:

Date: