Warlingham School

Widening Horizons
Raising Aspirations

Warlingham School Asthma Care Plan

Name of Child: Tutor Group:	Date of Birth:
Address:	

Emergency Contact Name: Relationship to student:	Daytime Tel No: Mobile No:
GP: Address: Tel No:	Other Emergency Contact Name: Relationship to Student: Tel No:

Usual signs of student's asthma: (*Please tick symptoms below)*

Wheeze ☐ Tight Chest☐ Cough ☐ Difficulty breathing ☐ Difficulty talking ☐ Other☐

If other please write below:

Signs student's asthma is getting worse*:* *(Please tick symptoms below)*

Wheeze ☐ Tight Chest ☐ Cough☐ Difficulty breathing☐ Difficulty talking☐ Other☐

If other please write below:

Student's Asthma Triggers: *(Please tick options below)*

Cold/flu ☐ Exercise ☐ Smoke ☐ Pollens ☐ Dust ☐ Other☐

If other please write below:

Asthma Medication Requirements

(Including relievers, preventers, symptom controllers, combination, use a separate sheet if necessary)

Name of Medication (e.g. Ventolin, Bricanyl or oral medication)	**Method** (e.g. puffer & spacer, turbuhaler)	**Dosage & time taken?** (e.g. 1 puff in morning and night, before exercise)

Please tick your preferred Asthma Action Plan for your son/daughter below:

☐ **WARLINGHAM SCHOOL ASTHMA PLAN –**

Step 1. Sit the person upright
Be calm and reassuring
Do not leave them alone.

Step 2. Give medication (this could include oral medication also if instructed)
Shake the blue reliever puffer
Use a spacer if you have one
Give 4 separate puffs into a spacer
Take 4 breaths from the spacer after each puff

Step 3. Wait 4 minutes
If there is no improvement, repeat step 2.

Step 4. If there is still no improvement call emergency assistance **(DIAL 112/999).**
Tell the operator the person is having an asthma attack
Keep giving 4 puffs every 4 minutes while you wait for emergency assistance.
Parents will be contacted at this stage.

OR

☐ **PARENT/GUARDIANS ASTHMA CARE PLAN FOR STUDENT** – please complete below:

***Please choose one option below:**

☐a) My child is able to take responsibility for the self-administration of his/her asthma medication and is able to carry his/her asthma device at school.

☐*b) My child will carry their own inhaler but I would also like Student Services to hold a spare.

*We do advise that our students with Asthma have a spare inhaler kept at Student Services in case a student loses or forgets their own. If you would like us to hold a spare, please complete the attached "Authorisation for Medication" form and return to school with the medication.

Is your child's asthma treatment monitored by GP, Asthma Nurse or Paediatrician? If yes, please use the space below to inform us of who this is:

Name & Address:

Home/School Agreement Terms:

- ✓ Please notify me if my child regularly has asthma symptoms at school.
- ✓ Please notify me if my child has received Asthma First Aid.
- ✓ I authorise school staff to assist my child with taking asthma medication if they require help.
- ✓ I will notify you in writing if there are any changes to these instructions.

Parent/Guardian please sign and print your name below:	Date:
Signed: Print Name:	

It is the responsibility of the parent/guardian to inform the school of any changes to their son/daughter's asthma treatment/medication. Could you ensure this is up to date and collect any out of date medication from Student Services. We advise that you check this termly.