



Asthma Care Plan

Name of Child:	Date of Birth:
Tutor Group:	
Address:	
Emergency Contact Name:	Daytime Tel No:
Relationship to student:	Mobile No:
GP:	Other Emergency Contact Name:
Address:	Relationship to Student:
Tel No:	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)

Name of Medication	Method	Dosage & time taken?
(e.g. Ventolin, Bricanyl or oral medication)	(e.g. puffer & spacer, turbuhaler)	(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.

PARENT/CARER'S ASTHMA CARE PLAN FOR STUDENT – please complete below or attach separate sheet:

OR

Please choose one option below:

- 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.
- 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 an "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:

Signed:

Print Name:

Date:

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.