# Asthma Individual Healthcare Plan

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| Name of school/setting |  |
| Child’s name |  |
| Class |  |
| Date of birth |  |  |  |  |
| Child’s address |  |
| Medical diagnosis  |  |
| Date  |  |  |  |  |
| Review date |  |  |  |  |
| Family Contact Information |  |
| Name & Relationship to child |  |
| Phone no. (work) |  |
| (home) |  |
| (mobile) |  |
| Name & Relationship to child |  |
| Phone no.(work) |  |
| (home) |  |
| (mobile) |  |
|  |  |
| Clinic/Hospital Contact |  |
| Name |  |
| Phone no. |  |
| G.P. |  |
| Name |  |
| Phone no. |  |
| Personal Asthma plan shared from GP/Nurse | Copy given to school on : |

|  |  |
| --- | --- |
| Who is responsible for providing support in school | All staff |

Describe asthma medical needs and give details of child’s symptoms/signs and triggers

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| Triggers – Symptoms –  |

Name of medication, dose, method of administration, when to be taken, side effects, administered by/self-administered with/without supervision

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| Medication – Dose – How it is administered- |

 Arrangements for school visits/trips etc

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| Class Teacher/staff will hold the medication.  |

Other information

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Describe what constitutes an emergency, and the action to take if this occurs

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 I give consent for school to use Salbutamol in an emergency if my child’s inhaler is not in school.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan developed with Parents/Carers

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_