

Dear Parent,

Asthma Care Plan

Thank you for completing our health survey.

As you have a child who suffers from Asthma, it is very important that you complete the attached Asthma Care Plan so that everyone in school knows exactly what to do if your child has an attack. If you are in any doubt about the treatment details, your doctor or practice nurse will be able to help you.

If the treatment changes at any time, please let the school know so that we can update the plan.

Your child's **blue inhaler** should be kept with him/her all of the time he/she is in school.

If you do not have a spare, your doctor will arrange for a repeat prescription. All inhalers are returned at the end of every term so that you can check that they are still current. It is then your responsibility to return the inhaler at the beginning of the next term.

Thank you again for your cooperation. If you have any concerns do not hesitate to contact us.

Yours sincerely

A Smith
Head teacher

Yohden Primary School Asthma Care Plan

Please complete sections below

Name of child	
Date of birth	
Home address	
Telephone number	Home: Mobile: Work:
General Practitioner	Name: Telephone No.
Treatment required in school	<p>Name of treatment device:</p> <p>When is treatment required? (please circle)</p> <p>Regularly</p> <p>Before exercise</p> <p>When required- what are the symptoms?</p> <p>What is the highest dosage permissible?</p> <p>Is there anything else you want us to know?</p>

I confirm that my child is able to take responsibility for taking his/ her own inhaler / asthma medication and that he / she will carry this at all times.*

My child is not able to take his/ her own inhaler / asthma medication and so will require assistance.*

Signed _____ (parent or guardian)

* delete as appropriate