

# St Luke's Catholic Primary School



## School Asthma Health Care Plan AY.....

**Please ensure you complete in full**

Childs Name	
Date of Birth	
Class	
Child's Address	
Date Asthma diagnosed	

### Family Contact Information

Parents / Guardians Name	
Phone Number (Work)	
Phone Number (Home)	
Phone Number (Mobile)	
2 <sup>nd</sup> Contact Name	
Phone Number (Work)	
Phone Number (Home)	
Phone Number (Mobile)	

### G.P. / Clinic / Hospital Contact

G.P. Name	
Phone Number	
Clinic / Hospital Contact	
Phone Number	

Office Use ONLY	
Date Form received	

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 medication, 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.

## Advice for Parents

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| 1. It is your responsibility to tell the school about any changes in your child's asthma and / or their medications.   |
| 2. It is your responsibility to ensure that your child has their 'relieving' medication with them in school and that it is clearly labelled with their name. If in doubt, you should confirm this with your child's class teacher. |
| 3. It is your responsibility to ensure that your child's asthma medication has not expired.  |
| 4. Your child should not be exposed to cigarette smoke.  |

Signed

Print Name

Date

