



ASTHMA EMERGENCY INFORMATION

This plan should be produced by parents, school and the specialist/school nurse and if necessary a copy sent to the child's GP.

Child's Name		Child's Photo
Class/form		
Date of Birth		
School Year		
Parent/Carer Name(s)		
Home Contact Number		
Mobile Contact Number		
GP/Medical Centre Number		
School Nurse Number		

Known triggers	
----------------	--

Location of medication in school	
----------------------------------	--

Designated school health official	
-----------------------------------	--

Instructions for reliever inhaler use (please tick the appropriate statement)	
<input type="checkbox"/>	My child does not understand the proper use of his/her inhaler and requires help to administer them.
<input type="checkbox"/>	My child understands the proper use of his/her asthma medications and, in my opinion, can carry and use their inhaler at school independently; notifying the designated school health official after using their inhaler..

I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP/School Nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices. I approve this Asthma Care Plan for my child.

Parent/s Signature	Date
School Nurse Signature	Date
Headteacher's Signature	Review Date

SIGNS OF ASTHMA ATTACK

- Cough
- Wheezing
- Tight Chest
- Shortness of Breath
- Tummy ache (younger child)

N.B: Not all symptoms need to be present for a child to be having an asthma attack

