

ASTHMA

**Individual Health Care Plan – To be used if no Consultant care plan available
(Parents/Carer to complete for School or Early Years setting)**

Name:.....

Date of Birth:.....

Known triggers:.....

.....

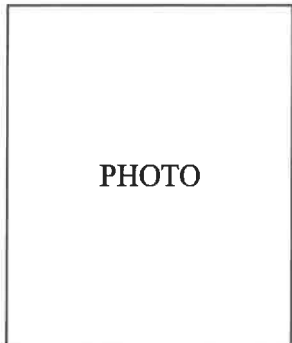
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Review date:.....

Name of School/ Early Years setting:.....

Class/Form:..... Date:.....

Name of School Nurse / Health Visiting team..... Contact tel no.....



Contact Information

Family contact 1

Family contact 2

Name:..... Name.....

Phone No. (work):..... Phone No. (work):.....

(home):..... (home).....

Relationship:..... Relationship:.....

Clinic/Hospital contact

G.P.

Name: Name:.....

Phone No:..... Phone No.....

Date of Health & Safety Risk Assessment (To be carried out by school or early years setting) – To review of presence of known triggers:

Date of planned review of Risk Assessment:

Names of School/ Early years Staff who have volunteered to be involved in this child's care.

(1)

(2)

(3)

(4)

Outline of procedure/condition requiring management:

Describe condition and give details of pupil's individual symptoms:

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.....
.....

Describe treatment required:

.....
.....
.....
.....

LOCATION OF ASTHMA INHALER:

LOCATION OF SPARE INHALER (AND SPACER IF APPROPRIATE):

Signature(s):..... Date:.....

Relationship to pupil:

Head / Centre manager:..... Date:.....

**Copy to: Parents
 School/ Early years setting
 GP/Consultant
 School Health / Health VisitingTeam**



AGREEMENT FOR THE ADMINISTRATION OF ASTHMA RELIEVER

Name:

.....

School/ Early years setting:

DOB: **Year / Group:**

Address:.....

.....

.....

Telephone: **GP:**

Known Allergies:

.....

- The Reliever inhaler shall be kept in a safe, accessible place agreed between staff and parents
- A spare Reliever inhaler and spacer (where prescribed) is provided by parents and storage noted.
- Volunteer staff shall be trained in the management of Asthma - one person to be available at all times.
- Parents/carers are responsible for maintaining the Inhalers/ washing the spacer and ensuring reliever treatments in date

I/We give our consent for volunteer employees to administer Asthma reliever and act as laid out in the action plan in the event of an emergency

Parent/Carer

Name: (print)

Signed: **Date:**

Name: (print)

Signed: **Date:**

I give my approval for volunteer employees to administer Asthma relievers and act as laid out in the action plan in the event of an emergency

Head Teacher/ Centre Manager

Name: (print)

Signed: **Date:**