



SHEINTON ROAD  
 CRESSAGE  
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 Headteacher: Mrs Kim Stokes

LEARNING. LISTENING. LIVING

**School Asthma Health Care Plan**

<b>Child's Name:</b>	
<b>Date of Birth:</b>	
<b>Class:</b>	
<b>Child's Address:</b>	
<b>Date Asthma Diagnosed:</b>	

Family Contact Information	
<b>Parent/Guardian Name:</b>	
<b>Telephone No. Contact 1:Work</b>	
<b>Home</b>	
<b>Mobile</b>	
<b>Contact 2:Work</b>	
<b>Home</b>	
<b>Mobile</b>	

G.P.	
<b>Name:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	

Clinic/Hospital Contact	
<b>Name:</b>	
<b>Hospital/Organisation:</b>	
<b>Telephone No:</b>	

Continue overleaf →



Describe how the asthma effects your child including their typical symptoms and asthma 'triggers'.

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose

*(eg. 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

Who is to be contacted in an emergency? Give three contact telephone numbers

Form copied to: *(to be completed by the school asthma lead)*

*New advice allows schools to have an emergency salbutomal inhaler in case your child's inhaler does not work and so this plan asks for your consent for us to give your child relieving medicine from a school inhaler if there was an emergency situation. This would be administered via a spacer which is new and would then be given to your child and a replacement spacer bought.*

I give my consent for the School to administer the emergency inhaler if my child needed it because of an asthma attack and their inhaler was not working/available.

Signed:

Date:

