



Christ the King Catholic Voluntary Academy

Asthma Care Plan

We have staff in school who are trained to provide routine asthma care and support children with routine asthma medication as authorised in this care plan and by a named doctor. Please advise school immediately if there are any changes to this plan.

Student Information

Full Name

Class

When managing an asthma attack, please detail any additional information below that you feel staff should know:

What are your child's usual symptoms?
(Cough/wheezy etc)

What are your child's usual triggers?
(Exercise, weather etc)

How often does your child usually use their inhaler?
(Daily, seasonally, weekly etc.)

Is your child able to tell someone when they are feeling breathless?

Yes:

No:

(Please tick one)

Does your child need support taking their medication?

Yes:

No:

(Please tick one)

Medication Name:

Does your child need a spacer:

Dose and prescribing guidance:

Inhaler is kept (Please tick one)

In First Aid

On Child

Both

I have read, understood and agree with this care plan and any attachments listed. I approve this information to staff and medical personnel. I will notify the staff in writing if there are any changes to this plan. I understand staff will seek emergency medical help if needed. I understand it is my responsibility to ensure my child has the correct up to date medication in school and it is labelled correctly.

Parent/Guardian Name

Signature:

Date: