

## ASTHMA CARE PLAN

Date:

<p>Child's Name: .....</p> <p>Date of birth: .....</p> <p>Allergies: .....</p> <p>Emergency contact: .....</p> <p>Emergency contact number: .....</p> <p>Doctor's phone number .....</p> <p>Year .....</p>	<p>Affix photo here</p>
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What are the signs that you/your child may be having an asthma attack?

Are there any key words that your child may use to express their asthma symptoms?

What is the name of your child's reliever medicine and the device?

Does your child have a spacer device? (please circle) Yes No

Does your child need help using their inhaler? (please circle) Yes No

What are your child's known asthma triggers?

Does your child need to take his/her reliever medicine before exercise? (please circle)

Yes No

If YES, warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required. Their inhaler is clearly labelled and in date.

Signed.....Date.....

Print Name.....Relationship to child.....

### Consent Form

#### Use of Emergency Salbutamol Inhaler

##### **Child showing symptoms of asthma/having asthma attack**

I can confirm that my child has been diagnosed with asthma and has been prescribed a blue reliever inhaler (usually salbutamol)

My Child has a working, in-date inhaler, clearly labelled with his/her name, which he/she will bring with them to school every day.

I \_\_\_\_\_ give consent for \_\_\_\_\_

to use the school emergency salbutamol inhaler and spacer in the event of my child displaying symptoms of asthma, and if his/her inhaler is not available or is unusable.

Signed ..... Date.....

Name (print).....

**Parental consent: I hereby authorise school staff to use the school emergency salbutamol inhaler and spacer if needed.**