

# QUEEN'S HILL PRIMARY SCHOOL

## ASTHMA RECORD (CARE PLAN)

**First Name:** ..... **Surname** .....

My child's details and contact numbers:

Date of Birth ..... Year: .....

Parent(s) name(s) .....

Telephone Home ..... Work .....

Mobile .....

Doctor (GP) name ..... Doctor (GP) telephone .....

Asthma nurse .....

Known triggers/allergies .....

Any other medical problems? .....

### My Child's Medication

Reliever medication (usually blue)

Medication name (e.g. SALBUTAMOL)	Device (e.g. diskhaler)	Dose (e.g. 1 blister)	When taken (e.g. when wheezy, before exercise)

### Other Medication

Most preventers can be taken outside of school hours – check with your GP or asthma nurse

Medication name	How taken/device	Dose	When taken

### Emergency Treatment

In the event of a severe asthma I am happy for my child to receive up to 10-20 puffs of their reliever (usually Salbutamol) inhaler via a spacer until they get further medical help.

Signed: (Parent) ..... Date .....

**Key points for parents to remember:**

This record is for your school. Remember to update it if treatment is changed. Remember to check you have enough inhaler doses and that the inhaler is in date and labeled by the pharmacist with your child's name and dosage details.

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The section below is to be completed by school staff

Has this child got a healthcare plan for any other condition?

Yes  (discuss with school nursing staff)

No

Asthma record checked by asthma link person (Name) .....

Any concerns to be discussed with school health advisor/school nurse:

Record of discussion:

Signature/Date: