



Asthma Health Care Plan 2015-2016

Child's name:	
Class	
Date of Birth	
Address	
Date Asthma diagnosed	

Family Contact Information (3 contacts please in case of emergency)

	Contact 1	Contact 2	Contact 3
Parent/Guardian Name:			
Relationship to child;			
Phone number: Home			
Phone number: Work			
Phone number: Mobile			

Hospital/Clinic Contact

Name:	
Phone number:	

Describe how the asthma affects 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. (E.g. once or twice daily, 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.

Advice for Parents/Guardians

Please remember:

- It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medication.
- It is your responsibility to ensure that your child has their 'relieving' medication and a 'spacer' with them in school and that it is clearly labelled with their name/class.
- It is your responsibility to ensure that your child's asthma medication has not expired.
- Your child should not be exposed to cigarette smoke.

I consent that I am happy that the above information be passed onto emergency care staff in the event of a emergency during school hours or during after school activities.

Parent/Guardian Signature..... Date.....

Name of Parent/Guardian (Printed).....