Churchdown School Academy
ACHIEVING SUCCESS FOR ALL

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Headteacher: Christopher Belli

ASTHMA

Individual Health Care Plan

to be used if no consultant care plan available
PARENTS/CARERS TO COMPLETE FOR SCHOOL

NAME OF STUDENT ……

DATE OF BIRTH …… TUTOR GROUP ……..

KNOWN TRIGGERS ……..

……

……..

CONTACT INFORMATION No 1	CONTACT INFORMATION No 2
NAME	**NAME**
RELATIONSHIP TO STUDENT	**RELATIONSHIP TO STUDENT**
HOME TELEPHONE	**HOME TELEPHONE**
WORK TELEPHONE	**WORK TELEPHONE**
MOBILE TELEPHONE	**MOBILE TELEPHONE**

CLINIC/HOSPITAL CONTACT	GP
NAME	**NAME**
CLINIC/HOSPITAL	**PRACTICE**
TELEPHONE	**TELEPHONE**

Health and Safety Risk Assessment

(to be carried out by school)

To review presence of known triggers

Date……

Planned review of Risk Assessment

Date……

NAMES OF SCHOOL STAFF WHO HAVE VOLUNTEERED TO BE INVOLVED IN THIS CHILD'S CARE	
NAME	**NAME**
NAME	**NAME**

Outline of procedure/condition requiring management

Describe condition and give details of student's individual symptoms

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Describe treatment required

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LOCATION OF ASTHMA INHALER	
LOCATION OF SPARE INHALER (AND SPACER IF APPROPRIATE)	

Parent/Carer's signature(s) ……

Relationship to student ……Date……

COPIES TO: PARENTS

SCHOOL HEALTH

GP/CONSULTANT