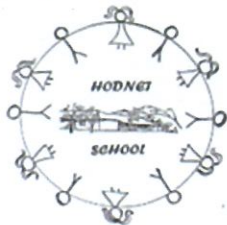


**Together Everyone Achieves More**



Headteacher: Mrs P Lyall

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Tel:01630 685300 Email:admin@hodnet.shropshire.sch.uk www.hodnetschool.com

The school will not be allowed to give your child medicine unless you complete and sign this form.

### Asthma Care Plan

Name of child	
Date of birth	
Class/Reg Group	
Medical condition	Asthma
GP	
Name and type of medicine	
Any side effects?	
Procedures to take in an emergency	
Date asthma diagnosed	
Describe how the asthma affects your child, including their typical symptoms and triggers	
Describe their daily care requirements, including name of asthma medicine, how often it is used and dosage	
Describe what an asthma attack looks like for your child and the action to be taken if this occurs	
Emergency contact numbers: 1. 2. 3.	

#### Advice for Parents

1. It is your responsibility to tell the school about any changes to your child's asthma and/or their medication
2. It is your responsibility to ensure that your child has their medication in school, clearly labelled with their name
3. It is your responsibility to ensure that your child's asthma medication has not expired

In the event of my child having an asthma attack at school and their inhaler is not available; I give consent for my child to be given the emergency salbutamol inhaler that the school hold for emergency use.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_ Date: \_\_\_\_\_

