

**Asthma Record (Care Plan)
Form Number F624g**

Child's Full Name:
Child's Date of Birth:
Parent/Guardian's Full Name:

Telephone Numbers – Home: Work: Mobile:	Doctor (GP) Name: Doctor (GP) Telephone: Asthma Nurse Name:
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Known triggers/allergies:	Any other medical problems?:
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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:	Device:	Dose:	When taken:

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

Signed: (Parent)

Date: / /

Key points for parent 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.

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:

Signature:

Record of discussion date : / /