



ASKERN MOSS ROAD

School Asthma Health Care Plan

Child's Name			
Date of Birth		Date completed	
Group / class / form			
Address			
Date Asthma Was Diagnosed			

Family Contact Information

Parent / Carer name	
Phone Numbers	<i>Please tick the number below that is your preferred contact</i>
Home	
Mobile	
Work	
Second Emergency Contact	
Name (and relationship to child)	
Phone Numbers	<i>Please tick the number below that is the preferred contact</i>
Home	
Mobile	
Work	

GP Details

Name of GP and Practice	
Phone Number	

Clinic / Hospital Contact

Name of Consultant	
Phone Number	

Parents/Carers Please remember it is your responsibility to:

- **Tell School about any changes in your child's asthma, including medication**
- **Ensure that your child has their reliever medication and spacer in school with them and that it is clearly labelled with their name**


Carol Ann Turner Executive Headteacher

Anne Marie Collins Head of School

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 @MossRoadAcad

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Describe how asthma affects your child, including their typical symptoms and asthma triggers.

What are your child's daily care requirements? Include the name of their asthma medication, the dose and how often it is required.

Describe what an asthma attack looks like for your child and the action to be taken.

Who is to be contacted in an emergency? Ensure all contact details are shared.

Copies to: (completed by asthma lead in school)

