

## Asthma Care Plan

Child's name

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Date of birth

--

Group/class/form

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Child's address

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Date Asthma Diagnosed

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### Family Contact Information

Parents / Guardians Name

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Phone no. (work)

--

(home)

--

(mobile)

--

Name

--

Phone no. (work)

--

(home)

--

(mobile)

--

### G.P.

Name

--

Phone no.

--

Headteacher: Tracey Gardiner

Inclusion Lead: Sandy Morris-Hornby

Telephone: 01235 933303

Email: [office-pri@sjo.cambrianlt.org](mailto:office-pri@sjo.cambrianlt.org)

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers '

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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 a day, just when they have asthma symptoms, before sport)*

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

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Who is to be contacted in an emergency?

Please provide two contact telephone numbers


**ADVICE FOR PARENTS Remember:**

- 1. It is your responsibility to tell the school about any changes in your child's asthma and/or their asthma medications**
- 2. It is your responsibility to ensure that your child has their 'relieving' medication and individual spacer with them in school and that it is clearly labelled with their name. You should confirm this with your child's class teacher**
- 3. It is your responsibility to ensure that your child's asthma medication has not expired**


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## St John's CE Academy

Stanley Hall Road, Grove, OX12 0GR



Parents Name

Signature

*Date*

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