## Individual Health Care Plan Asthma

This plan relates to the health care needs provided to this school to the child / young person named below in relation to the safe management of the condition above. School staff involved in the day-to-day care of this child should be made familiar with the contents of this plan so they are aware of when they need to act, and what they and others need to do.

Child's full name:  Child's date of birth:  Child's class:	
When a person with asthma comes into contact with something that in airways (an asthma trigger), the muscles around the walls of the airway that the airways become narrower and the lining of the airways become starts to swell making it difficult to breathe.  **Asthma UK**	/s tighten so
Emergency Contact details:	
Contact 1 Name:	
Relationship to child:	
Contact numbers:	
Contact 2 Name:	
Relationship to child:	
Contact numbers:	

## **Emergency care**

Please fill in this section if your child has been prescribed emergency medication for their asthma.

Name and strength of inha	aler	
When should inhaler be gi	iven?	
How much medication sho	ould initially be given?	
What action should be tak	cen if inhaler is given?	
	-	
What action should be tak	ken if inhaler is not effective?	
Signed	Name	
_		
Date		

## **Emergency Inhalers**

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The emergency salbutamol inhaler can only be used by children, where parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

Yerbury School holds inhalers in school for use in an emergency. Please complete the form below to confirm that you consent to an emergency inhaler being used for your child.

## CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

- 1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
- 2. My child has a working, in-date inhaler, clearly labelled with their name, which will be kept in school for their use
- 3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:	
	.Name(print)