



STANLEY PARK JUNIOR SCHOOL

ASTHMA CARE PLAN

ONLY FILL THIS FORM IN IF YOUR CHILD HAS BEEN DIAGNOSED WITH ASTHMA

Child's Name	
Class	
Date of Birth	
When should they use their reliever inhaler?	
Salbutamol Dosage	
Is a Spacer Required?	
Is your child able to self-administer it? (If so, your child will make a record of their usage)	
What signs can indicate your child is having an asthma attack?	
Expiry Date of Medication	
Parental Signature	
Date	
Subsequent Review Dates	
Y4 - September	
Y5 - September	
Y6 - September	

Remember it is your responsibility to tell Stanley Park Juniors about any changes to your child's Asthma Care Plan and to ensure your child's asthma medication has not expired.

Please ensure you complete the back of this form too.



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PARENTAL CONSENT FORM USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma/ having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept in school. (It is parents' responsibility to ensure that they regularly check that the inhaler is in date.)
3. In the event of my child displaying symptoms of an asthma attack, 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.

Childs Name: _____ Class: _____

Signed: _____ Date: _____

Relationship to Child: _____ Telephone: _____