



The Wolds Federation of Schools

Executive Headteacher Mrs Elizabeth Harros

www.thewoldsfederation.co.uk

ASTHMA EMERGENCY INFORMATION

This plan should be produced by parents, school and the specialist/school nurse and if necessary a copy sent to the child's GP.

Name of child:		Child's Photo
Group/class/form:		
Date of birth:		
School year:		
Parent/guardian's name:		
Home contact number:		
Mobile contact number:		
GP/Medical Centre number:		
School nurse number:		

Known triggers:	
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Location of medication in school:	
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Designated school health official:	
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Instructions for reliever inhaler use (please tick ✓ the appropriate statement)	
☐	My child does not understand the proper use of their inhaler and requires help to administer it.
☐	My child understands the proper use of their asthma medications and in my opinion can carry out and use their inhaler at school independently, notifying the designated school health official after its use.

I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP or specialist/school nurse and in the case of an emergency, this plan may be passed to medical personnel.

I assume full responsibility for providing the school with an adequate supply of the prescribed medication with the pharmacist instructions and required delivery devices. I approve this Diabetes Care Plan for my child.

Parent's signature:	Date:
School nurse's signature	Date:
Headteacher's signature	Review Date:



Beswick and Watton CE Primary School
T: 01377 270339
E: beswick@eastriding.gov.uk



Middleton on the Wolds CE Primary
T: 01377 217323
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Bishop Wilton CE Primary School
T: 01759 368313
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SIGNS OF ASTHMA ATTACK

- Cough
- Wheezing
- Tight Chest
- Shortness of Breath
- Tummy ache (younger child)

N.B: Not all symptoms need to be present for a child to be having an asthma attack

