



St Albans Girls' School

Learning for Life in a Community where All can Excel

STUDENT **ASTHMA** INDIVIDUAL HEALTHCARE PLAN (IHP)

(to be completed by Parent/Carer. This form is also available on our website)

Student's name	
Form	
Date of birth	

Parent/Carer Contact Information

Name	
Relationship to student	
Emergency contact number	

MEDICATION : What medication(s) has your daughter/son been prescribed. Please list dose, method of administration, when to be taken, side effects, contra indications, administered by/self-administered with/without supervision (*only to be completed if medication is required to be taken in school*)

--

ADDITIONAL SUPPORT: Describe any additional support (*other than medication*) your daughter/son requires (e.g. facilities, equipment or devices, environmental issues, physical adaptations etc)

--

Privacy Policy

Privacy Notice - this describes how STAGS collects, uses, retains and discloses personal information

Please see our website for our current Privacy Notice



St Albans Girls' School

Learning for Life in a Community where All can Excel

DAILY CARE : Please specify below any daily care requirements, e.g. before sport, at lunchtime, if applicable.

TRIGGERS and SIGNS: What are the triggers, signs & symptoms that an epileptic seizure may be imminent?

How is an asthma attack identified & what treatment should be given?

Action to take in an emergency

G.P. Contact

Name	
Address and Telephone Number	

Can the named GP be contacted for information where required (delete as applicable) YES/NO

Privacy Policy

Privacy Notice - this describes how STAGS collects, uses, retains and discloses personal information

Please see our website for our current Privacy Notice



St Albans Girls' School

Learning for Life in a Community where All can Excel

OTHER INFORMATION

When was your daughter/son diagnosed with asthma?			
Is your daughter/son's asthma? (please tick)	Mild (uses reliever inhaler occasionally)	Moderate (uses preventer and occasional reliever inhaler)	Severe (uses preventer, regular reliever and other medication)
Does your daughter/son have disturbed sleep due to his/her asthma? (please tick)	Rarely	Occasionally	Frequently
How many times, if any, has your daughter/son attended hospital as a result of an acute asthma attack in the past year?	Not attended	Once or more	State how many times
Who monitors your daughter/son's asthma? (if under a hospital, please give name of hospital and consultant)			
How often is your daughter/son seen by the hospital/GP/nurse? (please tick)	Only when she/he has had an asthma attack	On a 3-6 month basis (or more frequent)	Annual check by GP

SIGNATURE _____ **Date** _____

(Parent/Carer)

NAME (print) _____

FOR OFFICE USE ONLY

Input: _____ Checked: _____

Initial: _____ Date: _____

Privacy Policy

Privacy Notice - this describes how STAGS collects, uses, retains and discloses personal information

Please see our website for our current Privacy Notice



St Albans Girls' School

Learning for Life in a Community where All can Excel

APPENDIX 1 PARENTAL CONSENT FORM

FOR USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL

For students who have been diagnosed with asthma/showing symptoms of asthma/having an asthma attack

Student's name	
Form	
Date of birth	

1. I can confirm that my daughter/son has been diagnosed with asthma or a condition requiring an Salbutamol inhaler.
2. My daughter/son has a working, in-date Salbutamol inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my daughter/son displaying symptoms of an asthma reaction, and if their Salbutamol inhaler is not available or is unusable, I consent for my daughter/son to receive puffs from an emergency Salbutamol inhaler held by the school for such emergencies.

Parent/Carer Signature: _____ Date: _____

Name (print): _____

Parent/Carer Contact Information

Name	
Address	
Relationship to student	
Emergency contact number	

Privacy Policy

Privacy Notice - this describes how STAGS collects, uses, retains and discloses personal information
Please see our website for our current Privacy Notice