



# St Albans Girls' School

Learning for Life in a Community where All can Excel

## STUDENT **ASTHMA** INDIVIDUAL HEALTHCARE PLAN (IHP) including emergency inhaler use consent (to be completed by Parent/Carer/Health Care Professional)

Student's name	
Form	
Date of birth	

### Parent/Carer Contact Information

Name	
Relationship to student	
Emergency contact number	

When was your child diagnosed with asthma?			
Is your child's asthma? (please tick)	<b>Mild</b> (Uses reliever inhaler occasionally)	<b>Moderate</b> (Uses preventer and occasional reliever inhaler)	<b>Severe</b> (Uses preventer, regular reliever and other medication)
Does your child have disturbed sleep due to their asthma? (please tick)	Rarely	Occasionally	Frequently
How many times, if any, has your child 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 child's asthma? (if under a hospital, please give name of hospital and consultant)			
How often is your child seen by the hospital/GP/nurse? (please tick)	Only when they have had an asthma attack	On a 3-6 month basis (or more frequent)	Annual check by GP

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**What medication(s) has your child been prescribed for their asthma?**

**Please include all asthma medication. Please make clear which are required in school and the dose and frequency of those needed in school.**

**What are your child's symptoms in an asthma attack & what treatment should be given?**

**Action to take in an emergency**

**Is there any additional support (*other than medication*) your child requires for their asthma whilst in school ?**

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## G.P. Contact details

Name	
Address and Telephone Number	
Can the GP be contacted for information if required ?	Yes /No

## PARENTAL CONSENT FOR USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL

1. I can confirm that my child has been diagnosed with asthma or a condition requiring a Salbutamol inhaler.
2. My child has a working, in-date Salbutamol inhaler, clearly labeled with their name, which they will bring with them to school every day and carry on them.
3. In the event of my child displaying symptoms of an asthma attack when their Salbutamol inhaler is not available or is unusable, I consent for my child to use an emergency Salbutamol inhaler held by the school for such emergencies.

Parent/Carer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

### FOR OFFICE USE ONLY

Emergency consent & Individual Healthcare Plan

Input: \_\_\_\_\_ Checked: \_\_\_\_\_

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

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