

Whitemoor Academy, Whitemoor, St. Austell, Cornwall, PL26 7XH

01726 822274 Website: www.whitemoor.org.uk

Head of School Gemma Hooper

**ASTHMA CARE PLAN**

NAME OF CHILD ................................................................. D.O.B .....................................

ADDRESS .................................................................................................................................

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TEL……........................................................... MOBILE ........................................................

G.P.'s NAME ................................................................. TEL ....................................................

DESCRIPTION OF TREATMENT ...........................................................................................

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I undertake to inform the school immediately if my child's medication/treatment is changed.

I confirm that:

(**PLEASE DELETE a or b AS APPLICABLE)**

a. My child is able to take responsibility for the self-administration of his/her asthma medication and is able to carry his/her asthma device at school.

b. My child is not able to self-administer his/her asthma medication and will require assistance.

c. My child's inhaler is named …………………………………………………………..

SIGNED ............................................................................. DATE ……………………………….

Parent / Guardian

