

### **All Hallows Catholic College**

A Voluntary Academy

Aspire not to have more but to be more

Brooklands Avenue, Macclesfield, Cheshire SK11 8LB | Telephone: 01625 426138 | admin@allhallows.org.uk | www.allhallows.org.uk | Principal - Mr T Beesley

### **ASTHMA CARE PLAN**

Child's Name		
Date of Birth		
Address		
Family Contact Information		
Contact 1		
Name		
Relationship to Child		
Phone No. – Mobile		
Phone No. – Work		
Phone No. – Home		
Contact 2		
Name		
Relationship to Child		
Phone No. – Mobile		
Phone No. – Work		
Phone No. – Home		













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### **Doctors Contact Information**

Doctor's Name				
Doctor's Phone No.				
Asthma Nurse				
Medication				
Medication Name				
Dose Prescribed				
When taken				
Spare Inhaler Held in College				
☐ Yes	□ No			
Daily Asthma Management				
This student's usual asthma signs	Frequency and severity			
☐ Cough	☐ Daily / most days			
☐ Wheeze	☐ Frequently (more than 5 x per year)			
☐ Difficulty breathing	Occasionally (less than 5 x per year)			
Other (please describe)	Other (please describe)			
Known triggers for Asthma (eg allergies, exercise, colds/flu) – please detail	Any other medical conditions			













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**Emergency Action Plan** 

Signed (parent/carer)	Date
	Date









