INDIVIDUAL HEALTHCARE / ASTHMA CARE PLAN

This plan records the arrangements Lighthorne Heath Primary School needs to support this child safely in school. It should be completed with the parent/carer and, where appropriate, the child and relevant healthcare professional. A current personalised asthma action plan from the child's GP/asthma nurse should be attached and takes precedence for medication doses and personalised emergency instructions.

1. Child and contact details

Child's full name		
Date of birth		
Year / class		
Home address		
Parent/carer 1	Name:	Tel:
Parent/carer 2	Name:	Tel:
Emergency contact	Name / relationship:	Tel:
GP / practice	Name:	Tel:
Asthma nurse / respiratory team	Name / service:	Tel:

2. Asthma information

How asthma usually presents / early warning signs	
Known triggers	
Known allergies or other relevant medical conditions	
What helps the child feel calm and safe during symptoms	

Attach the child's current personalised asthma action plan: ☐ Attached ☐ Awaiting updated copy

3. Medication and access in school

Medication must be supplied in the original pharmacy-labelled packaging, be in date, and be readily accessible when needed. The child should be supported to access their reliever promptly. The precise dose and method must follow the prescription label and current personalised asthma action plan.

Medicine / inhaler	Dose / instructions	Spacer?	When needed	Where kept / who carries

Access arrangements

- ☐ Child carries their own reliever inhaler
- ☐ Reliever inhaler is stored by school but is immediately accessible
- ☐ Child needs adult prompting / supervision to use inhaler
- ☐ Child needs adult assistance with inhaler / spacer

4. Exercise, PE, trips and wider school activities

Medication before exercise (if prescribed)	
Specific PE / exercise adjustments	
Arrangements for off-site visits / residentials	Reliever inhaler (and spacer if used) must remain readily accessible.
Other reasonable adjustments needed	

5. School emergency salbutamol inhaler (if held by school)

A school emergency salbutamol inhaler may only be used in line with the Department of Health and Social Care guidance: for a child who has been diagnosed with asthma or prescribed a reliever inhaler, where written parental consent has been given, and when the child's own reliever is unavailable or unusable. Use must be recorded and the parent/carer informed.

Does the school hold an emergency salbutamol inhaler?	☐ Yes ☐ No
Child eligible to use school emergency inhaler?	☐ Yes ☐ No ☐ Not applicable
Parent/carer gives written consent for emergency inhaler use?	☐ Yes ☐ No
Date consent confirmed / entered on asthma register	

6. What to do if this child has asthma symptoms or an asthma attack

Follow the child's personalised asthma action plan and prescribed instructions. Help the child to sit upright, stay calm, and use their reliever inhaler promptly as directed. Stay with the child and monitor them. Call 999 if symptoms are severe, if the child is getting worse, if the reliever is not helping as expected, or if there is any concern about their breathing. Do not leave the child alone or send them to collect their inhaler.

Child's usual warning signs / symptoms	
Child's own wording for asking for help	
Personalised action to take	See attached asthma action plan / add key points here:
When parent/carer should be contacted	
Any additional emergency instructions from healthcare professional	

7. Day-to-day support and staff information

Named member of staff coordinating this plan	
Staff who need to know about this plan	Class teacher / teaching assistants / wraparound staff / PE staff / trip leaders / other:
Staff training / plan and register access	Training required: Location of plan/register:
How medication use / asthma episodes will be recorded	

8. Parent/carer consent and agreement

I confirm that the information in this plan is accurate and that I will: provide an in-date reliever inhaler and spacer (where prescribed), in the original pharmacy-labelled packaging; provide the school with the child's current personalised asthma action plan; tell the school promptly about any changes to treatment, dosage, symptoms or healthcare advice; and replace expired or used medication as required.

Parent/carer name / signature / date	Name:	Signature:	Date:
Child / young person involved in plan?	☐ Yes ☐ No	If no, reason:	
School representative / signature / date	Name:	Signature:	Date:

9. Review record

Review this plan at least annually and sooner after an asthma attack, hospital / urgent-care attendance, a significant change in symptoms or treatment, or whenever the child, parent/carer, school or healthcare professional identifies a need for review.

Review date	Reason / changes	People involved	Next review due

10. Record of reliever / emergency inhaler use in school

Date	Time	Symptoms / reason	Inhaler used	Outcome / action	Parent informed

Current legal and guidance basis (England)

- Children and Families Act 2014, section 100: governing bodies must make arrangements to support pupils with medical conditions.
- Department for Education statutory guidance: Supporting pupils at school with medical conditions (current published guidance).
- Human Medicines (Amendment) (No. 2) Regulations 2014 and Department of Health guidance on emergency salbutamol inhalers in schools.
- Equality Act 2010: where a pupil's asthma amounts to a disability, the school must meet its duties including making reasonable adjustments.
- Asthma + Lung UK good-practice guidance recommends an up-to-date personalised asthma action plan, ready access to reliever medication, appropriate staff awareness/training, and annual review.

This school form supports, but does not replace, clinical advice. Medication doses and personalised emergency treatment must follow the child's current prescription and personalised asthma action plan.