PERRAN-AR-WORTHAL CP SCHOOL

Every Moment Matters

SCHOOL ASTHMA CARE PLAN

Name of child …….

D.O.B. ……

Address……

……

Parent Name…… **Emergency Contact Number** ……

Medical Practice……

Practice Telephone Number ……

Doctor's Name……

Description of treatment……

……

……

I confirm that:

☐ 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.

OR

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

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

Signed …… **Date** ……

Name…… **Relationship to child**……

Healthy Schools CORNWALL 2016 - 2017

Youth Sport Trust BRONZE QUALITY MARK 2015-17

SCHOOL GAMES SILVER 2017/18

Headteacher: Rachel Heffer

Perran-Ar-Worthal C P School, School Hill, Perranwell Station, Truro, Cornwall, TR3 7LA
Telephone: 01872 863004
e-mail: head@perran-ar-worthal.cornwall.sch.uk