The Catholic School of Saint Gregory The Great

INDIVIDUAL HEALTH CARE PLAN – ASTHMA/INHALER USE

You have informed the Office that your child has Asthma/use an inhaler. To ensure staff can locate your child's inhaler quickly please send your child's **inhaler and spacer** into the school office clearly labelled.

CHILD'S NAME:		**CLASS:**	
DESCRIBE THE CONDITION:			
KNOWN TRIGGERS:			
DESCRIBE TREATMENT REQUIRED:			

☐ My child knows how to use their inhaler independently

☐ My child needs help with using their inhaler

☐ My child does not regularly use an inhaler and does not need to bring one into school

☐ My child is not asthmatic and should be removed from the school asthma database

I give consent for the school's emergency Inhaler to be administered if the child's inhaler is not available.

Signed…… Date ……