



## St Mary's Catholic Primary School

Executive Headteacher: Mrs D Bolton  
Head of School: Mrs L Draycott



Mongleath Road  
Falmouth  
Cornwall  
TR11 4PW

Telephone: 01326 314540

email: [secretary@st-marys-fal.cornwall.sch.uk](mailto:secretary@st-marys-fal.cornwall.sch.uk)  
[www.st-marys-fal.cornwall.sch.uk](http://www.st-marys-fal.cornwall.sch.uk)

Dear Parents

### Asthma Care Plan

Thank you for returning the slip indicating your child \_\_\_\_\_ has asthma. Please complete the attached care plan. Please give as much detail as you can, with particular information regarding triggers and consequent reactions. Please return to the school office as soon as possible.

St Mary's take the health and safety of all of our pupils very seriously. There are policies in place to enable all staff members to help children. The information on this form will help us to decide on the best course of action should a situation arise. It is therefore very important that this record is updated should any symptoms or treatment change.

If you have any queries, please do not hesitate to contact the school office.

Kind Regards

Mrs L Draycott





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### SCHOOL ASTHMA CARE PLAN

NAME OF CHILD \_\_\_\_\_ DOB \_\_\_\_\_ CLASS \_\_\_\_\_

FIRST CONTACT \_\_\_\_\_ SECOND CONTACT \_\_\_\_\_

NAME \_\_\_\_\_ NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
TO CHILD TO CHILD

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MOBILE \_\_\_\_\_

MOBILE \_\_\_\_\_

HOME \_\_\_\_\_

HOME \_\_\_\_\_

WORK \_\_\_\_\_

WORK \_\_\_\_\_

GP SURGERY \_\_\_\_\_

GP NUMBER \_\_\_\_\_





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What triggers cause the symptoms/reaction?

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In the event of a reaction what will happen? \_\_\_\_\_

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What treatment should your child receive if a reaction occurs? \_\_\_\_\_

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Are there any special considerations we should be aware of? \_\_\_\_\_

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Please tick if appropriate and sign:-

☐

I undertake to notify the school immediately if my child's symptoms or treatment changes.

☐

I will provide St Mary's with a current prescription of medication, if required.

Parent/Guardian Signature

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Print Name

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Date

