



## The Avenue Primary School

### **HEALTH CARE PLAN**

Child's name	
D.O.B:	
Address	
Class / Year	

Medical condition	Asthma
Medication prescribed / treatment	
Side effects	
Action to be taken in event of emergency or crisis	
Parent/Guardian Contact Details:	
Alternative family contact	
G.P / paediatrician contact details	
Any other relevant health professional	
Any equipment needed	
Staff training	
Review and update	

Signed (parent) ..... Signed (school) ..... Date .....