



Ash Grove Academy  
Belgrave Rd  
Macclesfield  
SK11 7TF

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Principal: Mrs L Finnegan  
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**CONFIDENTIAL**

**ASTHMA CARE PLAN**

At Ash Grove Academy, we are committed to providing the best care for our children with asthma. Our school takes its responsibilities to children with asthma seriously and we have an Asthma Policy to enable all staff members to help your child manage their condition.

To ensure your child receives the best possible care at all times, we ask you to assist with the following:

- Complete the school asthma care plan (if you are in any doubt about the treatment, please take the form to your doctor or asthma nurse for completion)
- Sign the declaration form
- Inform Ash Grove Academy immediately of any change of treatment
- Ensure your child has a reliever (blue) inhaler for use in school (and a spacer if this is the usual method of delivery) as well as a home inhaler. Your child's school inhaler can be kept in school during the term time.

Please complete and return this form even if your child has no symptoms at present and only has a history of asthma. **We still need this information.** If you have any questions or wish to see a copy of our Asthma Policy and procedures, please contact us.

**Ash Grove Academy – Asthma Declaration**

Name of child ..... Date of birth.....

Name of parent/carer .....

**(Delete A or B)**

**A:** My child is ABLE to take responsibility for the administration of their own reliever in school (blue) inhaler when required

**OR**

**B:** My child is UNABLE to take responsibility for the administration of their own reliever inhaler (blue) and will require assistance from parent/carer during Academy hours.

Signature of parent/carer .....

Date .....





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## ASTHMA CARE PLAN

From the information given below, our school keeps its asthma register,  
This is available to all Academy staff.

Name of child ..... Date of birth.....

Address .....

.....

Telephone number (home) .....

Telephone number (mobile) .....

Telephone number (work) .....

Emergency contact number .....

GP Name ..... Tel. No .....

### Regular treatment to be given during school hours

Name of medication	Dosage	When to be taken

### Reliever medication to be given as required

Name of medication	Dosage	When to be taken

### Treatment to be taken before exercise

Name of medication	Dosage	When to be taken

**Asthma Triggers (if known)**

