

**Temporary Individual healthcare plan – only to be used until full care plan can be completed**

Name of school/setting	Cotsford Primary School
Child's name	
Class	Class    Year
Date of birth	
Medical diagnosis or condition	
Date	

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

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Describe what constitutes an emergency, and the action to take if this occurs

If symptoms of wheezing, coughing, chest pain or fast breathing then take 2 puffs of blue reliever inhaler every 2 minutes (up to a total of 10 puffs). If no improvement then call 999. Following 999 then call emergency contact. If waiting more than 15 minutes for an ambulance then should begin the process of 10 puffs given in 2 puff doses every two minutes. <b>Under these circumstances staff are not permitted to transport a child their own car.</b>
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If there are any changes required to this Care Plan it is the responsibility of the parent to notify school via the office. If the changes are significant and / or long term a meeting will be arranged to review the Care Plan. **If the changes are due to the child having suffered an asthma attack and / or their triggers have increased changes will be applied for up to 1 week following notification.** If changes are being made frequently or are required for longer than 1 week, school will liaise with School Health in order to provide the most suitable care for your child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

School Signature \_\_\_\_\_ Date \_\_\_\_\_