



HIGH STREET PRIMARY ACADEMY

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Monday 14th January

Dear Parent/Carer,

We are reviewing our Asthma Care Plans to ensure we have correct and up to date information regarding children who have asthma. We would therefore appreciate it if you could complete the slip below indicating whether your child has asthma or not and return to the school office as soon as possible.

If your child does have asthma we will be contacting you individually to arrange for you to complete a new Asthma Care Plan which will enable us to give the correct treatment should your child require it.

Yours sincerely,

Mr Frame
Executive Headteacher

Childs Name: _____ Year: _____

☐ My child does have asthma

☐ My child does NOT have asthma

Signed: _____

Date: _____