



Headteacher: Mr P Newbold

Dear Parent/Carer

Asthma Information Form (Update 2018/19)

In order to keep our records up to date regarding your child’s asthma, please complete the questions below and return **on the first day back of term (Tuesday 4th September 2018)**.

CHILD’S NAME: Age: Class:

Please indicate whether your child’s asthma is mild severe

1. Does your child need an inhaler in school? Yes * No

* Please provide inhalers with this form – see note below.

2. Please provide information on your child’s current treatment (include the name, type of inhaler, the dose and how many puffs). Do they have a spacer?

.....

3. What triggers your child’s asthma?

.....

*It is essential that your child has **two** inhalers in school. The spare inhaler may be required in the event that the first inhaler runs out, is lost or forgotten. **Inhalers must be in the original packaging bearing the dispensing label showing your child’s name. It is the responsibility of the parent/carer to ensure that inhalers are replaced before they reach their expiry date.**

*** I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school. I understand that in the event of this not being the case my child will be unable to participate in sporting activities or out of school events.**

Please tick the appropriate statements:

- My child has an in-date inhaler for use in class. Expiry date:
- I have provided the school with a spare in-date inhaler for my child to be held in the school medical room. Expiry date:
- My child requires a spacer and I have provided this to the school medical room.
- My child does not require a spacer.

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- I need to obtain an inhaler(s) / spacer for school use and will supply this/these as soon as possible.

4. Does your child need a blue inhaler before doing exercise / PE? If so, how many puffs?

.....

5. I give consent for the following treatment, as recognised by Asthma Specialists, to be given to my child in an emergency?

- Give **6 puffs of their blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of their blue inhaler**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of their blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and then CALL PARENT**
- **While waiting for the ambulance continue to give 10 puffs of the blue reliever inhaler every few minutes.**

6. Should a situation occur when my child is unable to access their own in-date inhaler, ie, emergency evacuation, I authorise use of the school’s emergency inhaler.

Signed: **Date:**
I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child’s treatment or condition.

Thank you

Parental Update (only to be completed if your child no longer has asthma)	
My child Class no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed	Date.....
<i>I am the person with parental responsibility</i>	

For office use only:

	Yes / No	Location	Expiry date	Date of phone call requesting inhaler/spacer	Date of letter (attach copy)
1 st inhaler		Classroom			
2 nd inhaler		Medical Room			
Spacer (if required)					

Record any further follow up with the parent/carer:
