

WEST PARK SCHOOL



Dear Parent/Carer

Asthma Information Form

Please complete the questions below so that the school has the necessary information about your child's asthma. **Please return this form without delay.**

CHILD'S NAME: Age: Class:

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

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?)

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3. What triggers your child's asthma?

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It is advised to have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out, is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be 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.

Signed: Date:
I am the person with parental responsibility

Please circle the appropriate statements

- My child carries their own inhaler.
- My child requires a spacer and I have provided this to the school office
- My child does not require a spacer
- I need to obtain an inhaler/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?

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5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

- Give **6 puffs of the 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 the blue inhaler**
Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Yes/No

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 no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed <i>I am the person with parental responsibility</i>	Date

For office use:

	Provided by parent (Yes/No)	Location	Expiry date	Date of phone call requesting inhaler/spacer	Date of letter (attach copy)
1 st inhaler		Medical room			
2 nd inhaler					
Spacer (if required)					
Record any further follow up with the parent/carer:					