



St Mary's C of E Aided Primary School

A Christ-centred school with a child-centred curriculum

Tel: 01798 872007
Fax: 01798 875537
Email: office@st-marys-pulborough.w-sussex.sch.uk
Website: www.st-marys-pulborough.w-sussex.sch.uk

Link Lane
Pulborough
West Sussex
RH20 2AN

Headteacher: Mrs S Copus B.Ed(Hons), NPQH

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. My Child has an official Asthma diagnosis **Yes/No**
2. I have attached the asthma plan from the doctor/hospital/asthma nurse **Yes/No**
3. My child requires a spacer (*if yes, please provide one for the school office*) **Yes/No**
4. 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

5. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

.....
.....

6. What triggers your child's asthma?

.....
.....



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

.....
.....

8. It is advised that your child has a spare inhaler (and spacer if prescribed) in school. Spare inhalers may be required in the event that the first inhaler runs out, is lost or forgotten. Inhalers must be in their original box with the pharmacy prescription sticker clearly showing the 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. I agree that the school can administer the school emergency salbutamol inhaler if required.

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