



School will insert photo

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:..... **Class:**..... **D.O.B.**.....

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

2. Please provide information on your child's current treatment.

Type of Inhaler

Dosage needed (puffs) How many times in one day?.....

Spacer required? **Yes/No**

3. What triggers your child's asthma?

.....

We ask that an inhaler (and spacer if required) is provided which can be kept in school. 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 required) in school.

Signed:.....(Parent/Carer) Date:.....

4. Does your child need to take their inhaler before doing exercise/PE? Yes/No

If so, how many puffs?

5. Do you agree to your child Self Administering? Yes/No

Signed:.....(Parent/Carer) Date.....

6. 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:.....(Parent/Carer)

Date.....

Emergency Contact number.....

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:

(Parent/Carer)

Date

For office use:

	Location of Inhaler	Expiry Date	Expiry Date	Date Checked	Date Checked	Date Checked
Inhaler						
Spacer (if required)						

Record any further follow up with the parent/carers: